

First name:	Surname:
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Address:

Tel (Home):	Date of Birth:
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Tel ( Mobile):	Age:
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Email Address:

Occupation:

Height:	Weight:
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Have you or the rider you are signing for ever suffered a serious injury or discomfort whilst riding or been advised not to ride?       Yes       No

If yes, please describe:

Please detail any disability or medical conditions that may affect your ability to ride. This may include but not be limited to any back problems or condition, which can affect balance or cause blackouts/loss of consciousness/fitting ect.

### EMERGENCY CONTACT

Contact name and relationship:	Tel:
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### RIDING ABILITY / DECLARATION—please tick all boxes that apply

I consider myself (or the person riding for who I am signing on behalf as a minor) to be a:

Complete Beginner     
  Beginner     
  Novice     
  Intermediate     
  Advanced

How many times have you or the rider ridden in the last 12 months?

None     
  Under 12     
  12—40     
  40+

I consider myself (or the person riding for who I am signing on behalf as a minor) to be a:

Riding at a walk     
  Trotting with stirrups     
  Trotting without stirrups     
  Cantering     
  Hacking  
 Riding over jumps over 0.5M (18")     
  Riding over jumps up to 0.75m (30")     
  Riding over cross country jumps

- ◆ I confirm that to the best of my knowledge all the above details are correct.
- ◆ I have read the horse riders code of conduct overleaf. I understand that riding at any standard has inherent risk that I may fall off and could be injured. I accept that risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
- ◆ Where I am signing on behalf of a minor I have explained the riders code of conduct to my child and we both accept the risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
- ◆ I have read and understood the lesson booking and cancellation policy and agree to abide by it at all times.
- ◆ Data Protection Act 1998: Statement: I understand that information I have given will be held in accordance with the Data Protection Act 1998 but must also be available to insurers and other concerned parties in the event of any injury or accident.

Signature:	Name	Date
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If Signed on behalf of a minor: Riders name:	Relationship to minor:
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### INSTRUCTORS COMMENTS TO BE COMPLETED BEFORE RETURNING TO THE OFFICE

## **RIDER REGISTRATION FORM THE HORSE RIDERS CODE OF CONDUCT**

- ◆ I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- ◆ I may fall off and could be injured. I accept that risk.
- ◆ I understand that instructions are given for my safety and agree to follow instruction given to me by staff and instructors of the riding school.
- ◆ I reserve the right not to ride a horse allocated to me and may request a change of instructor.
- ◆ I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and I agree that I will always wear a hat whilst riding, leading and grooming horses at the riding school. I understand it is my choice whether or not I wear a body protector.
- ◆ I understand that the riding school will make decisions based on information I give them and agree to always be honest and volunteer information about:
  - My Abilities and riding experience
  - Any previous riding accidents
  - Any medical condition(s) which may affect my ability to ride
- ◆ I understand that children are at particular risk around horses and agree that I will keep my children that I am responsible for, under close supervision when they are not being instructed by the riding school.
- ◆ I understand that the riding school may refuse my request to ride for safety or operational reasons.
- ◆ I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to ride the course including any jumps which form part of it. If I am in any doubt, I will use my judgement and experience and not enter.

I agree to any photography taken of me during my time at the Country Treks being used for promotional and advertising purposes. If you do not agree please put a line through this statement

**SIGNED:**

**DATED:**