

**RIDER REGISTRATION FORM**

Name of Equestrian Establishment

**CONFIDENTIAL – Please complete all sections and boxes**

First Name:  Surname:

Address:  Postcode:

Tel: (Home)  Tele: Mobile

Email:

Date of Birth:  Age:  Weight:  Height:

Occupation:

Have you (or the person you are signing for) ever suffered a serious injury or discomfort while 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 or which your instructor should be aware of in case of emergency

**EMERGENCY CONTACT & DOCTORS DETAILS**

Contact Name & Relationship  Tele:

Doctors Name  Tele:

**RIDING ABILITY – You MUST tick all the boxes that apply**

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

Never ridden before  Beginner  Novice  Intermediate  Advanced

How many times have you ridden in the last 12 months? None  Under 12  12-40  40+

What do you believe yours or the person riding capabilities to be on a horse or pony to be?

Riding at a walk  Trotting with stirrups  Trotting without stirrups  Cantering   
 Hacking  Riding over jumps up to 0.5m (18")  Over jumps .75m (30")  Riding over cross country jumps

**RIDERS UNDER 16 YRS OF AGE:** I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child rides as his/her own risk  
**RIDERS AGED 16 YRS AND OVER:** I confirm that the above pre-assessed abilities are correct and I agree that I RIDE ENTIRELY AT MY OWN RISK  
**DATA PROTECTION ACT 1998:** Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to insurers and other concerned parties in the event of any injury or accident. I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishment. I reserve the right not ride a horse allocated to my child or me and or request a change of instructor.  
 I confirm that to the best of my knowledge all the above details are correct. A parent or guardian of riders under the age of 16 must sign this form  
 I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, AND THAT ALL HORSES MAY REACT UNPREDICTABLY ON OCCASIONS.**

If signing on behalf of a rider please state relationship to rider

Signature  Print Name  Date

**TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF THE EQUESTRIAN ESTABLISHMENT**

This client has been assessed and our judgement of their capabilities is as follows:

Complete Beginner (Lead Rein Lunge)  Beginner (Beginning Walk & Trot Independently)

Novice (Walk, Trot, Canter Independently)  Intermediate (Jumping Stage 1)  Advanced (Stage 2 Equivalent and above)

Assessment Lesson Content: Walk  Trot  Canter  W/O Stirrups  Jump  Lateral

**OFFICE USE – Assessment Lesson**  
 Horse Used  Lesson Type   
 Date ..... Time .....  
 Signature ..... Print Name ..... Position.....

## The Horse Riders Code of Conduct

I understand that riding at any standard had 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 instructions 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 appropriate riding hat and body protector may reduce severity of an injury should an accident happen and agree that I will always wear a riding hat whilst ridding, 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 decision based on information I give them and agree to always be honest and volunteer information about:

- i. My abilities and riding experience
- ii. Any previous riding accidents
- iii. Any medical conditions which may affect my ability to ride

I understand that children are at particular risk around horses and agree that I will keep 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 and operational reasons.

I understand that all riding crops and whips are not permitted at any time and agree that I will not carry or use one whilst riding horses

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 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 not to enter.

Signature:	
Print Name:	
Date:	

NB: If the rider is under 16 years of age this form should be co-signed by a responsible adult