

RIDER REGISTRATION FORM



EAST VIEW RIDING CENTRE LTD

CONFIDENTIAL - Please complete all Sections and Boxes

First Name: Surname:
Address: Postcode:
Tel: (Home) Tel: (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

Contact Name & Relationship Tel:

RIDING ABILITY - you MUST 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:
Never ridden before Beginner Novice Intermediate Advanced
How many times have you/rider ridden in 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

I confirm that to the best of my knowledge 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 establishment will be 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 (Under 16 years) I have explained the riders code of conduct to my child and we both accept the risk and agree that the riding establishment will not be liable for injury or damage to property unless it is caused by their negligence.
I have read and understand the session booking and cancelation policy and agree to abide by them at all times.
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 an injury or accident.

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasion.

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

Signature

Print Name

Date

Riders name

Relationship to the rider

Please read, sign and date the reverse of this form