

## CONFIDENTIAL - Please complete all Sections and Boxes

### RIDERS DETAILS

First Name:	<input style="width: 95%;" type="text"/>	Surname:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>		
Tel (Home):	<input style="width: 30%;" type="text"/>	Tel (Mobile):	<input style="width: 30%;" type="text"/>
Email:	<input style="width: 100%;" type="text"/>		
Date of Birth:	<input style="width: 15%;" type="text"/>	Age:	<input style="width: 15%;" type="text"/>
		Weight:	<input style="width: 15%;" type="text"/>
		Height:	<input style="width: 15%;" type="text"/>
Occupation:	<input style="width: 100%;" type="text"/>		

Have you (or the person you are signing for) ever suffered a serious injury or discomfort while riding or been advised not to ride? No  Yes

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 especially fits/faints/ spinal muscular weakness/heart or lung problems/diabetes or allergies

#### Emergency Contact Details :

Name ..... Phone Number .....

### 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 able to / have:

Never Ridden before: <input type="checkbox"/>	Ridden, but require a leader: <input type="checkbox"/>	Ridden independently, without a leader: <input type="checkbox"/>
Walk: <input type="checkbox"/>	Trot with Stirrups: <input type="checkbox"/>	Trot without Stirrups: <input type="checkbox"/>
Hack: <input type="checkbox"/>	Ride over jumps to 0.5m (18"): <input type="checkbox"/>	Over jumps 0.75m (30"): <input type="checkbox"/>
		Ride over cross country jumps: <input type="checkbox"/>
		Canter: <input type="checkbox"/>

How many times have you/rider ridden in the past 12 months? None  <12  12-40  40+

**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 AT HIS/HER OWN RISK.**

**RIDERS AGED 16 YRS AND OVER:** I confirm that the above pre-assessed abilities are correct. **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 establishments. I have read the BHS Horse Rider's Code of Conduct overleaf.

I reserve the right not ride a horse allocated to me or my child 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 rider please state relationship to rider:

Signature:  Print name:  Date:

#### ADDITIONAL INFORMATION

**Clients should inform the riding centre if any of the information given above changes.** We advise all persons participating in any equestrian activity to ensure that they have adequate personal accident insurance. Horses are allocated to riders, taking into account experience and suitability. All clients retain the right not to ride a horse allocated to them. Instructors are trained and competent to teach to their detailed level. All clients retain the right to request a change of instructor.

Clients must wear a riding hat approved to current BSI standard, or above, whenever participating in riding activities. Clients must wear suitable footwear, clothing and gloves. Jewellery of any description should not be worn when riding or in the stable area.

#### **Cancellation Charges**

Charges will be waived if more than 24 hours notice given, Please try to give as much notice as possible.

Half the lesson fee is due for cancellation when less than 24 hours but more than 2 hours notice is given. The full lesson fee is due for cancellation when less than 2 hours notice is given. **We retain the right to terminate a client contract, refuse admission to the premises**

### OFFICIAL USE INSTRUCTOR ASSESSMENT - tick all boxes that apply

Name of Instructor: ..... signature: ..... I have assessed the client as:

Never Ridden before: <input type="checkbox"/>	Ridden, but require a leader: <input type="checkbox"/>	Can start to Ride independently, without a leader: <input type="checkbox"/>
Independantly Walk: <input type="checkbox"/>	Independ. Trot with Stirrups: <input type="checkbox"/>	Independ. Canter: <input type="checkbox"/>
learn to jump: <input type="checkbox"/>	Ride over jumps to 0.5m (18"): <input type="checkbox"/>	Over jumps 0.75m (30"): <input type="checkbox"/>
		Ride over cross country jumps: <input type="checkbox"/>

<b>Official Use</b>	Lesson: lead rein/group/private (delete)	Horse used	Date: <input style="width: 95%;" type="text"/>
---------------------	--	------------	--

# The Horse Rider's 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 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 an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding 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 any 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 judgment and experience and not enter.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_