

RIDER REGISTRATION FORM

ROOKIN HOUSE FARM

CONFIDENTIAL – Please complete all boxes

First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Tel (Home): _____ Tel (Mobile): _____

Email address _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Occupation: _____

Have you ever suffered serious injury or discomfort whilst riding? **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 (e.g. Back problems, diabetes, epilepsy). You may be asked not to ride if we feel it would be of significant risk to yourself, the horse or other riders.

Horse allocated: _____ Please tick: Trek Lesson Lead Rein

EMERGENCY CONTACT

Name: _____ Telephone: _____

RIDING ABILITIES – tick all boxes that apply

I consider myself to be a:

Complete Beginner Beginner
Novice Intermediate Advanced

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

None Less than 12
12 – 40 40 +

What do you believe your capabilities on a horse/pony to be?

Riding at a walk Trotting with stirrups Trotting without stirrups Cantering
Hacking Riding over jumps up to .5m Over jumps .75m X-Country jumps

Prior to riding do you feel: Nervous Ok Confident

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER**, and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the health and safety requirements of the establishment. I reserve the right not to accept the horse or instructor allocated to me, and where available will be offered an alternative.

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 have read and understand the Centres cancellation policy.

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 and I have read and understood the terms and conditions set out in the Horse Riding Disclaimer.

RIDERS UNDER 16 YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct and that they understand the terms and conditions set out in the Horse Riding Disclaimer.

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 parties in the event of any injury or incident.

If signing on behalf of a young rider please state relationship to rider: _____

Signature: _____ Print Name: _____ Date: _____