

RIDER REGISTRATION FORM

HORSE RIDERS' CODE OF CONDUCT

- I understand that working with horses and 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 whilst on site and/or under their supervision.
- I understand that the establishment 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 and ongoing changes to my condition(s) and medication (including possible side effects).
- I reserve the right not to ride or interact with a horse allocated to me and may request a change of instructor.
- I understand that wearing an appropriate safety hat 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 establishment
- 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 establishment.
- I understand that the establishment may refuse my request to ride or participate in any activity for safety or operational reasons.
- I understand that Jumping carries enhanced risk over and above general riding and agree that if I choose 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.

Please tick if you are happy with the following:

- I would like to receive offers and news from WHEC in the form of an EMAIL
- I am happy for WHEC to use my photographs or filming for marketing or press purposes

Signed: _____ Name: _____ Dated: _____

RIDER REGISTRATION FORM (CONTINUED)

Name of Equestrian Establishment: Witherslack Hall Equestrian Centre

CONFIDENTIAL – Please complete all sections below:

First Name: _____ Surname: _____

Address: _____

Postcode: _____

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

Email: _____

D.O.B: _____ Age: _____ Weight: _____ Height: _____

Occupation: _____

Have you, or the rider 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. This may include but not be limited to any back problems and any condition which may affect balance or cause blackouts / loss of consciousness / fitting etc.:

EMERGENCY CONTACT:

Contact Name: _____ Relationship: _____ Tel.: _____

RIDER ABILITY/DECLARATION – You must tick all boxes that apply:

I consider myself (or the person participating for whom I am signing on behalf in my position as parent or guardian) 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+

What do you believe your or the rider's capability to be on a horse or pony?
Riding at Walk Trotting with Stirrups Trotting without Stirrups Canter Hacking
Riding over Jumps up to 0.5m (18") Riding over Jumps up to 0.75m (30") Riding over Cross Country Jumps

*If a riding hat cannot be worn by the person participating on medical grounds, please outline these here (and continue on Page 3, if necessary):

- I can confirm that to the best of my knowledge all of the above details are correct.
- I have read & understood Page 1 (the Horse Riders' Code of Conduct). I understand that working with horses and riding at any standard has inherent risk and that I may fall off and could be injured. I accept that risk and agree that the establishment will not be liable for injury or damage to property unless it is caused by their negligence.
- Where I am signing on behalf of another person in my position as parent or guardian I have explained the Horse Riders' Code of Conduct to them and we both accept the risk and agree that the establishment will not be liable for injury or damage to property unless it is caused by their negligence.
- I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.
- Data Protection Statement: I understand that information I have given will be held in compliance with the provisions of the data protection legislation but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

Name: _____ Signature: _____ Date: _____

If signed on behalf of another person: Rider's Name: _____ Relationship: _____

RIDER REGISTRATION FORM (CONTINUED)

INSTRUCTOR / SUPERVISOR DECLARATION – To be completed on behalf of the Equine Establishment:

This client has been assessed and our judgment 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 & above)

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

Lesson Type: _____ Horse Used: _____ Date/Time: _____

Name: _____ Signature: _____ Position: _____