



Rider Registration Form

Name of Equestrian Establishment: _____

HORSE RIDERS' CODE OF CONDUCT

COVID-19

- I understand that the establishment has taken measures to protect me, staff and other clients from infection by Covid-19 and that I will comply with these measures.
- I undertake to not visit the establishment if I have any of the symptoms of Covid-19 and will immediately inform the establishment if I subsequently develop symptoms.
- I understand that if I am clinically extremely vulnerable to Covid-19 that I should not visit the establishment and that if I am vulnerable I will inform the establishment before visiting so that additional measures, if required, can be taken to protect me.

General

- 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 to protect health, safety and welfare of clients, staff and the general public. I agree to follow instructions given to me by staff and instructors while 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 and footwear may reduce the severity of an injury should an accident happen. I agree to wear an appropriate riding hat and footwear while 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 under the supervision of an instructor.
- 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.

Rider Information

CONFIDENTIAL – Please complete all sections below:

First Name: Surname:
Address:
Postcode: E-Mail:
Tel. (Home): Tel. (Mobile):
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 or which your instructor should be aware of in case of emergency:

EMERGENCY CONTACT:

Contact 1 Name: Relationship: Tel.:
Contact 2 Name: Relationship: Tel.:

RIDER ABILITY/DECLARATION – 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:
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 Cantering Hacking
Riding over Jumps up to 0.5m (18”) Riding over Jumps up to 0.75m (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 at 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 2018 Statement:** I understand that the information I have given will be held in accordance with the Data Protection Act 2018 but may also be made available to Insurers and other concerned parties.
- I confirm that to the best of my knowledge all of the above details are correct.
- I have read, understand and will comply with the Horse Riders’ Code of Conduct. 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.
- I acknowledge that there is inherent risk in working with horses and riding at any standard. I accept this 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.

Name: Signature: Date:
If signed on behalf of another person: Rider’s Name: Relationship:

Instructor/Supervisor Assessment

TO BE COMPLETED BY INSTRUCTOR / SUPERVISOR ON BEHALF OF THE EQUESTRIAN 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:
Comments:
Name: Signature: Position: