## Rider Registration Form CONFIDENTIAL – PLEASE COMPLETE ALL SECTIONS BELOW





For riders under the age of 18, a parent or guardian must sign this form. Name of Equestrian Establishment: Hill Farm Equestrian Centre

First Name:	Surname:			
Address:	l			
	Postcode:			
Tel:	Mobile:			
Email:	DOB:	Age:		
Height:	Weight:			
Have you ever suffered a serious injury whilst riding, or been advised not to ride? Yes $\square$ No $\square$ If yes please give details:				
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 conditions, which can affect balance or cause blackouts/loss of consciousness/fitting etc.				
Emergency Contact 1 – Name:				
Contact Number:		Relationship:		
Emergency Contact 2 – Name:				
Contact Number:		Relationship:		
Your Riding Ability (or the rider you are signing for) - tic	k all boxes that a	apply		
I consider myself to be a: Complete beginner   Beginner   Novice  Intermediate  Advanced				
How many times have you/rider ridden in the past 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 to be?				
Riding at walk  Trotting with stirrups  Trotting without stirrups  Cantering  Hacking				
Riding over jumps up to 0.5m (18") $\square$ Riding over jumps 0.75m (30") $\square$ Riding over cross-country jumps $\square$				
Declaration				
I confirm in that to the best of my knowledge all of 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 school will 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, I have explained the Riders' Code of Conduct to my child and we both accept the risk and agree that the riding school 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: I understand that the information I have given will be held in accordance with the Data Protection Act 2018 and GDPR but may also be made available to Insurers and other concerned parties in the event of any injury or accident.				
Signature:Print Nar	ne:	Date:		
If signed on behalf of a minor:				
Rider's Name:				
Rider Initial Assessment - To be completed by Instructor				
The client has been assessed and our judgement of their capabilities is as follows:				
Complete beginner (lead rein/lunge)  Beginner (Managing walk & trot independently)				
Working towards Stage 1 (Walk, trot, canter independently) $\square$ Working towards Stage 2 (walk, trot, canter, SJ) $\square$				
Working towards Stage 3 (walk, trot, canter, jump − SJ & XC) ☐ Working Towards Stage 4 ☐				
Assessment lesson content: Walk Trot Canter W/O Stirrups Jump Lateral Lateral				
Horse used:	Lesson Type: _	Date:		
Time:Instructor Signature:		Print Name:		

## 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:
  - o my abilities and riding experience
  - o any previous riding accidents
  - o 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.

## **Photographs & Videos**

We may take photographs and videos of lessons/pony days/shows/special events for marketing and advertising purposes. These images and videos will only be used for HFEC display boards, on HFEC social media pages and website, and for printed promotional materials. We also occasionally use photos/videos as a coaching aid, these photos/videos will be stored securely.

consent to HFEC taking and using m	y (or the rider you are signing for) photogra	phs and videos $\ \square$ (please tick)	
Signature:	Print Name:	Date:	
If signed on behalf of a minor:			
Rider's Name:	Relationship to minor:		