

# DURHAMS FARM RIDING SCHOOL RIDER REGISTRATION FORM

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NAME OF RIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. (HOME) \_\_\_\_\_ (MOB.) \_\_\_\_\_

EMAIL: \_\_\_\_\_ Please write clearly **We may contact clients via email to pass on newsletters and special events. Please circle YES or NO if you agree to this.**

D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

GUARDIAN/ EMERGENCY CONTACT: NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

## Riding Abilities – Circle all that applies.

- **Have you ever suffered serious injury or discomfort whilst riding?** Yes / No
- **I consider myself to be a:** Beginner      Novice      Intermediate      Advanced
- **How many times have you ridden in the past 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      Hacking

Trotting with stirrups      Trotting without stirrups      Riding over jumps up to .5m(+feet/ins)

Over jumps .75m(+feet/ins)      Cantering      Riding over cross country jumps.

- I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER** and that the risk of riding on public highways and bridle paths is greater, especially if I am not a regular client of Durhams Farm and that all horses/ponies may react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with health and safety requirements of the establishment. I reserve the right not to ride a horse allocated to me, and 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 have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.

**RIDERS AGED 16YRS AND OVER:** I confirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk.

**RIDERS UNDER 16YRS OF AGE:** I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct.

**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 accident.

If signing on behalf of rider please state relationship to rider: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_