

RIDER REGISTRATION FORM

Name of Equestrian Establishment: Cotswold Riding, Upper Woodhills Farm, GL56 9NW.

NAME OF RIDER: _____

ADDRESS: _____

TEL. (HOME) _____ (MOB.) _____

EMAIL: _____

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 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 PROTECTON 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: _____