RIDER REGISTRATION FORM

Name of equestrian establishment	**PEVLINGS FARM RIDING AND LIVERY STABLES**

CONFIDENTIAL Please complete all sections

First name:	**Surname:**
Address:	
Tel (Home): **Tel mobile:**	**Email:**
Date of Birth: **Age:**	**Height:** **Weight:**
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-

EMERGENCY CONTACT

Contact name and relationship:

Phone number

RIDING ABILITY/ DECLARATION

I consider myself (or the person riding for whom I am signing on behalf of) 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 on a horse or pony to be? (Tick all that apply)

Riding at walk **Trotting with stirrups** **Trotting without stirrups** **Cantering** **Hacking**
Riding over jumps up to 0.5m(18") **Riding over jumps up to O-75M (30")** **Riding over cross country jumps**

I confirm that to the best of my knowledge all 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, 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 all times.
I understand that information I have given will be held in accordance with the Data Protection Act but may also be made available to insurers and other concerned parties in the event of any injury or accident

SIGNATURE **DATE**

....

NAME

.....

If signed on behalf of a minor: **NAME OF RIDER:** **RELATIONSHIP:**

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF PEVLINGS STABLES

This rider has been assessed and our judgment of their capabilities is as follow:

Complete Beginner (Lead Rein) **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(up to 18")	**JUMP(over 18")**	**W/0 STIRRUPS**
NAME	**POSITION**	**SIGNATURE**
HORSE USED:	**TIME:** **DATE:**	**TYPE:**
COMMNENTS:		

RIDER REGISTRATION FORM
THE HORSE RIDERS' CODE OF CONDUCT

I understand that riding or handling at any standard has inherent risk and that all horses/ponies may react unpredictably on occasions and 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 by staff and instructors of Pevlings Farm Riding Stables and that I must comply with their Health and Safety requirements.

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 Pevlings. I understand it is my choice whether or not I wear a body protector.

I understand that Pevlings 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.

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 Pevlings.

I understand that Pevlings 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 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. If I am in any doubt, I will use my judgment and experience and not enter.

PHOTOGRAPHS

I understand that from time to time photographs may be taken of riders taking part in horse riding activities to be used to promote Pevlings in advertising and various forms of media. I understand Pevlings will select photographs for publication with care and respect for those shown.

BOOKING POLICY

ALL RIDES BOOKED NEED TO BE PAID FOR AT THE TIME/ON THE DAY OF BOOKING.

I understand that I need to give 48 hours' notice to cancel or rearrange, and this includes cancellations due to poor weather or sickness on the day, so if I cancel at short notice or do not turn up for any ride booked, I will have to pay full price for it. Refunds will incur a £5 admin fee per lesson with a minimum of 48 hours' notice.

I HAVE READ/WILL READ THE FILE – 'INFORMATION FOR RIDING SCHOOL CUSTOMERS'.

SIGNED..... **DATE**.....

Where did you hear about Pevlings Farm Riding Stables? Please specify to help with future advertising.

- Word of mouth
- Advert – where?
- Social media
- Search engine google/other_____
- Pevlings Farm website
- Other_____