***CONFIDENTIAL- Please complete all sections below, preferably in typeface, otherwise please print clearly***

|  |  |
| --- | --- |
| First name: | Surname: |
| Address (including postcode): |
| Tel (home): | Mobile: |
| E-mail: |
| Date of birth: | Current age: |
| Weight: | Height: |
| Occupation: |

Have you, or the rider you are signing for, ever suffered a serious injury or discomfort while riding, or have been advised not to ride? **YES** [ ]  **/ NO** [ ]

|  |
| --- |
| If yes, please describe: |

Please detail any disability or medical condition that may affect your ability to ride. This may include, but is not limited to, any back problems and any conditions that can affect balance or cause blackouts/loss of consciousness/ fitting etc

|  |
| --- |
|  |

**Emergency Contact**

|  |  |
| --- | --- |
| Contact name: | Relationship: |
| Mobile: |  |

**Riding ability declaration- you MUST mark all boxes that apply:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete beginner [ ]  | Beginner[ ]  | Novice[ ]  | Intermediate[ ]  | Advanced[ ]  |

**How many times have you/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/pony?**

|  |  |  |  |
| --- | --- | --- | --- |
| Riding at walk [ ]  | Trotting with stirrups [ ]  | Trotting without stirrups [ ]  | Cantering [ ]  |
| Hacking [ ]  | Riding over jumps up to 0.5m [ ]  | Riding over jumps 0.75m [ ]  | Riding over cross-country jumps [ ]  |

I confirm that to the best of my knowledge all of the above details are correct. I have read the Horse Riders’ Code of Conduct and Data Protection statement overleaf. I understand that riding of 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. When I am signing on behalf of a minor I have explained the Horse 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.

|  |  |
| --- | --- |
| Signature: | PRINT NAME: |
| If signed on behalf of a minor (under 16)Rider’s name: | Relationship to minor: |

**HORSE RIDERS’ 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 of 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:
	+ My abilities and riding experience
	+ Any previous riding accidents
	+ Any medical conditions 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 and 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 judgement and experience and not enter.

**DATA PROTECTION ACT 2018 STATEMENT**

At Tinsleys Riding School we take your privacy seriously and will only use your personal information to provide the services you have requested from us. When you book, we need to know the information requested overleaf to allow us to process and fulfil your requirements. You have the option to withhold personal information that is not required for providing the service you have requested from us.

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 in the event of any injury or accident.

|  |  |
| --- | --- |
| Signed: | Date: |
| PRINT NAME: |

**FOR OFFICE USE ONLY**

**To be completed by Instructor / Supervisor on behalf of the Riding School**

|  |
| --- |
| This client has been assessed and our judgement of their capabilities is as follows: |
| Complete beginner (lead rein/lunge) [ ]  | Beginner (beginning walk and trot independently) [ ]  | Novice (walk, trot, canter independently) [ ]  |
| Intermediate (jumping stage 1) [ ]  | Advance (Stage 2 equivalent & above) [ ]  |  |

|  |
| --- |
| Rider’s name: |
| Assessment lesson Content: |
| Walk [ ]  | Trot [ ]  | Canter [ ]  | W/out stirrups [ ]  | Jump [ ]  | Lateral [ ]  |
| Horse used: | Lesson type: |
| Date: | Time: |

Signature:

PRINT NAME: Date: