

BELFAIRS RIDING SCHOOL LTD

RIDER REGISTRATION FORM

CONFIDENTIAL – Please complete all sections and boxes

First Name: Surname:

Address:
Postcode:

Tel: (Home) Tel: (Mobile)

Occupation E-mail

Date of Birth: Age: Weight: Height:

Have you (or the person you are signing for) ever suffered 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 or which your instructor should be aware of in case of emergency.

EMERGENCY CONTACT DETAILS

Contact Name & Relationship Tel:

RIDING ABILITY – you MUST tick all boxes that apply

I consider myself (or the person riding for who I am signing on behalf as a minor) to be a:

Never ridden before 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 yours or the person's riding capabilities on a horse or pony to be?

Riding at a walk Walk & Trot Walk, Trot & Canter

BOOKING TERMS & CONDITIONS

I understand that all facilities are available strictly by confirmed prior appointment only and that a full charge will be made for non attendance or late cancellation of any ride or lesson (a minimum of 24 hours notice must be given in the event of a cancellation).

I understand that I must obey the instructions of the instructor or escortee (appointed by the riding school) at all times and must comply with the Health & Safety requirements of the establishment (see notice boards for details). No riding aids such as whips, crops or spurs are permitted.

RIDERS AGED 16 YRS 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 16 YEARS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my **CHILD RIDES AT HIS/HER OWN RISK.** A parent or guardian of riders under the age of 16 must sign this form.

I confirm that to the best of my knowledge all the above details are correct and I accept that it is solely my responsibility to keep the riding school updated with any changes to the above information.

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions.**

If signing on behalf of rider please state relationship to rider

Signature Print Name Date

GENERAL DATA PROTECTION REGULATION

I consent that the information I have given will be held securely onsite in accordance with the General Data Protection Regulation but may also be made available to insurers and other concerned parties in the event of any injury or accident. I consent that the Riding School may contact me by e-mail or telephone to inform of Club news and events.

Signature