

RIDER REGISTRATION FORM

Name of Equestrian Centre: **STABLE LIFE, DRYDEN FARM, ASHKIRK, TD7 4NT**. Tel: **01750 32208**

| Confidential – Please cor | nplete all sections belov | N | |
|--|--|---|--|
| First Name: | | Surname: | |
| Address: | | | |
| Postcode: | Tel: (home) | Tel: (mob | pile) |
| Email: | | Date of Birth: | Age: |
| Weight:Height: | Ple the | ase note that due to the were is currently a weight lin | velfare of our ponies nit of 14 stone. |
| Occupation: | | | - |
| Have you, or the rider you are | signing for, ever suffered a | serious injury or discomfort wh | ille riding or been advised not to ride? Yes/ No |
| If yes, please describe: | | | |
| | | affect your ability to ride. This e or cause blackouts/loss of co | may include but not be limited to any onsciousness/fitting and so on: |
| Emergency contact | | | |
| Contact name: | Rela | tionship: | Tel: |
| | | ck all boxes that apply g on behalf of as a minor) to be | |
| Complete beginner | Beginner Novice | Intermediate A | Advanced |
| How many times have you/rid | er ridden in the past 12 mon | ths: None Under 12 | 12-40 40+ |
| What do you believe your or the | ne rider's capability to be on | a horse or pony? | |
| Riding at walk Tro | tting with stirrups | ting without stirrups 🗖 Can | tering Hacking |
| Riding over jumps up to (| 0.5m (18in) Riding ove | r jumps 0.75m (30in) | ling over cross-country jumps |
| I have read the Stable Life Code and we both accept the risk and I have read and understand the If there are any concerns regardi I understand that the information | agree that the riding school will no lesson booking and cancellation poing weight and/or height, I consent n I have given will be held in accord | igning on behalf of a minor I have exp ot be liable for injury or damage to pr blicy and agree to abide by it at all tim to the staff at Stable Life weighing or | measuring myself/my child. as adopted into law of the UK in the Data Protection |
| Signature: | Print N | Name: | Date: |
| If signed on behalf of a minor: | | | |
| Rider's Name: | | Relationship to minor: | |

STABLE LIFE CODE OF CONDUCT

| | I understand that riding at any standard has inherent risk and that all horses may react unpredicted on occasions. | | | |
|------------|--|--|--|--|
| | Riders who are using their own horses and hiring/utilising our facilities do so at their own risk. | | | |
| | I understand that riding at any standard has inherent risk that I may fall off and could be injured. I accept that this is at my own risk and I agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence. | | | |
| | I understand that instructions are given for my safety and agree to follow instructions given to me be staff and instructors in Stable Life | | | |
| | I reserve the right not to ride a horse allocated to me | | | |
| | I understand that wearing an appropriate riding hat 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 Stable Life. | | | |
| | I understand that the staff 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 any children that I am responsible for, under close supervision when they are on the premises | | | |
| | I understand that Stable Life 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 chose 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. | | | |
| I ha my | claration ve understood and completed the appropriate sections of this form and hereby give my consent until consent is withdrawn in writing. I expect that any information contained within this form will be treated respect and confidentiality. | | | |
| Sign | ature: PrintName: | | | |
| Date | :: | | | |
| If si | gned on behalf of a minor: | | | |
| Dido | r's Name: Relationship to minor: | | | |