



Rider Registration Form



Name of Equestrian Establishment: Seagold Centurion Equestrian Centre

Confidential - Please complete all sections below

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Tel: (home) _____ Tel: (mobile) _____

Email: _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

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. This may include but not be limited to any back problems and any condition, which can affect balance or cause blackouts/loss of consciousness/fitting etc.

Emergency contact

Contact name and relationship: _____ Tel: _____

Riding ability/Declaration - 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:				
Complete beginner	Beginner	Novice	Intermediate	Advanced

How many times have you/rider ridden in the past 12 months?	None	Under 12	12-40	40+
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What do you believe your or the rider's capability to be on a horse or pony to be?				
Riding at walk	Trotting with stirrups	Trotting without stirrups	Cantering	Hacking
Riding over jumps up to 0.5m (18")	Riding over jumps 0.75m (30")	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 overleaf. I understand that riding at 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.
 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 at all times.
 Data Protection 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 concerned parties in the event of any injury or accident.

Signature: _____ Print Name: _____ Date: _____

If signed on behalf of a minor:

Rider's Name: _____ Relationship to minor: _____

To be completed by Instructor/Supervisor on behalf of the Equestrian Establishment

This client has been assessed and our judgment 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)	Advanced (Stage 2, equivalent and above)

Riders Name: _____

Assessment lesson content: Walk	Trot	Canter	W/O Stirrups	Jump	Lateral
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Horse used: _____ Lesson Type: _____

Date: _____ Time: _____

Signature: _____ Print Name: _____ Date: _____



The Horse Rider's 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 at 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 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 not being instructed by the riding school.
- I understand that the riding school 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.

Signed: _____ Dated: _____

Print Name: _____