

Name _____

Address _____

Previous experience No of times on a horse/pony _____

No of years riding _____

Can you Walk () Trot () Canter ()

Gallop () Jump ()

Type of experience Lessons () Dressage () Jumping ()

Trekking () Western ()

Do you consider yourself a Beginner Intermediate Advanced

ARE YOU AWARE OF ANY MEDICAL REASON WHY **YOU SHOULD NOT RIDE A HORSE?**

YES () NO ()

DO YOU HAVE ANY MEDICAL CONDITION OR LEARNING DISABILITY THAT WE SHOULD BE AWARE OF?
ALLERGIES ETC?

DO YOU AGREE TO ABIDE BY THE INSTRUCTIONS OF YOU GUIDE/INSTRUCTOR

YES () NO ()

IF YOU CARRY A CAMERA OR OTHER EQUIPMENT DO YOU AGREE TO DO SO AT YOUR OWN RISK?

NB Riding is classified as a **HIGH RISK SPORT** and though we take every care to ensure that our horses are safe and suitable for the work required, accidents can happen i.e. A horse may trip, stumble, get a fright etc

HAVE YOU READ AND UNDERSTOOD THE ABOVE NOTICES? YES () NO ()

DO YOU AGREE TO RIDE AT YOUR OWN RISK? YES () NO ()

SIGNED _____ DATE _____

SIGNED Centre _____

At times we may take pictures to use on our flyers. Please tick if you wish these to be used.

YES () NO ()

NB Persons under 18yrs must have form signed by a guardian/parent

ICE CONTACT NAME _____ NUMBER _____

PLEASE NOTE ALL LESSONS/TREKS MUST BE PAID FOR IN ADVANCE