RIDER REGISTRATION FORM ~ FINLAKE RIDING CENTRE 01626 852096

** PLEASE NOTE CASH PAYMENTS ONLY & PLEASE ARRIVE 15 MINS PRIOR TO YOUR RIDE TIME**

First name:…….. Surname:……..

Full Address & postcode:

……...

Contact Numbers (1)……(2)……..…(3)……

D.O.B	AGE:	WEIGHT:	HEIGHT:	OCCUPATION
……/……/……	……	……	……	……..

All horses have a strict weight limits therefore please be honest with your weight as FRC reserve the right to weigh you should this be in question.

As the rider (or on behalf of them) can you confirm if there has been any discomfort, injury or pain whilst riding previously or any medical condition/ disability (physical or mental) that may affect your ability to ride. Have you been advised by a medical professional against riding or anything that our instructors should be aware of in case of an emergency? If yes please give details below:

No ☐ Yes ☐……..

EMERGENCY CONTACTS /NAME/RELATIONSHIP/PHONE

……

Doctors name/Surgery:

…… Phone: ……

RIDING ABILITY – PLEASE TICK ALL BOXES THAT APPLY AS HONESTLY AS POSSIBLE FOR YOUR OWN SAFETY

Never ridden before ☐ Beginner ☐ Novice ☐ Intermediate ☐ Advanced ☐

How many times have you ridden in the past year? None ☐ Under 12 ☐ 12-40 ☐

WHAT DO YOU BELIEVE YOUR CAPABILITIES ARE? :

Riding at walk ☐ Trotting with stirrups ☐ Trotting w/out stirrups☐ Canter ☐ Gallop ☐

Hacking ☐ Riding over jumps up to 0.5m (18") ☐ Over jumps 0.75m (30") ☐ Cross-country jumps ☐

DECLARATION - RIDERS UNDER 16yrs OF AGE: I accept full responsibility for my child and confirm that the above-declared abilities are correct. I accept my child rides at its own risk. RIDERS AGED 16yrs AND OVER: I confirm the above-declared abilities are correct and I agree that I ride entirely at my own risk. Parent/guardian signature required for under 16yrs. General Data Protection Regulation 2018 Statement: I understand that the information I have given will be held in accordance with the GDPR2018 Act but may also be made available to insurers and other concerned parties in the event of injury or accident. I understand I must obey the instructions of the instructor and must comply with the Health & Safety requirements of this establishment. I reserve the right not to ride a horse allocated to my child or me and in addition request or change instructor. FRC** employees or anyone acting on their behalf shall not be liable for any loss, damage or injury arising from the use of their horses or associated facilities. Riders will not at any time use a mobile phone, camera, video whilst mounted. If at any time you feel unable to control your horse then please advise the escort immediately, do not continue if you feel unable to do so safely. I acknowledge that riding is a risk sport and holds potential danger, and that horses may react unpredictably on occasions. Please ensure you have adequate personal injury insurance to cover any eventuality.

Signature:……If signing on behalf of rider state relationship:……

Print Name:

…… Date:……../……../……..

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF FINLAKE RIDING CENTRE

The client has been assessed and our judgements of their capabilities are as follows:

Complete Beginner (lead reign/lunge) ☐ Beginner (Beginning walk/trot independently) ☐

Novice (walk/trot/learning canter) ☐ Intermediate (walk/trot/canter/gallop) ☐

Advanced (as Intermediate/jumping/competing) ☐

ASSESSMENT LESSON CONTENT: Walk ☐ Trot ☐ Canter ☐ w/o Stirrups ☐ Jump ☐ Lateral ☐

OFFICE USE – Assessment lesson

Horse used…… Lesson Type……

Date: …….. Time:…… Position of instructor……

PRINT NAME:……Signed:……

****FRC (Finlake Riding Centre) -Payment is required at the time of booking and is non-refundable in the event of cancellation, missed appointments, late arrival or change of mind. It is also the clients responsibility to ensure the correct ride is booked for ability. Staff will assess all riders and if deemed a risk to themselves, riders or horses they will not be able to continue and no refund will be given****

RIDING IS A RISK SPORT AND YOU RIDE ENTIRELY AT YOUR OWN RISK