

Date: _____



Rider surname: _____
Rider first name: _____

RIDER REGISTRATION FORM / Health & Safety Record **CONFIDENTIAL**

Please use BLOCK CAPITALS. It is your responsibility to complete all sections as fully and thoroughly as possible with information about the **RIDER**.

First name: _____ Surname: _____

Address: _____
Postcode: _____

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

E-mail: *PARENT e-mail if rider under 18* _____

Date of Birth: _____ Age (current): _____ Height: *approximate* _____

Weight: _____ Occupation: _____ School: *if applicable* _____

Doctors Surgery Name and Location _____

Doctors Surgery Contact Number _____

Next of kin preferred contact: Name: _____

Relationship: _____ Number(s): _____

Next of kin alternative contact: Name: _____

Relationship: _____ Number(s): _____

Have you, or the **rider** you are signing for; *Please delete as appropriate;*

Ever suffered a serious injury (not necessarily associated with riding)? YES / NO
If yes, please describe _____

Ever suffered discomfort while riding? YES / NO
If yes, please describe _____

Ever been advised not to ride? YES / NO
If yes, please describe _____

Please detail any disability or medical conditions that may affect your/your child's 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 and so on. If you are unsure about any existing medical conditions please consult your doctor before your first ride.

Please give brief details of any regular medication you/your child take;

Please list any allergies;

DECLARATION

Please initial each clause to denote acceptance

- I confirm that to the best of my knowledge all of the above details are correct and that I have been honest with the information given. I agree to inform HMSEA of any changes to my/my child's circumstances, including medical changes which may occur.
- I understand that horse-related activities may be physically strenuous and that I/my child may be exerting ourselves during activities. I understand that failing to disclose information about any aspects of my/my child's health will increase the inherent risk of any horse-related activity and may put others at risk.
- I acknowledge that RIDING IS A RISK SPORT and therefore holds potential danger, however I/my child choose to use the premises, it's facilities and ride entirely at our own risk. I understand that horses and ponies can behave unpredictably on occasions and do not always respond as expected. I understand that I cannot hold the management or staff responsible for any loss, damage, accident or injury sustained by me, my child, my property or any third party associated with me.
- I acknowledge that any instructor and horse allocated to me are qualified to teach at my level and that the horse is suited to my ability/safe for me/my child to ride. I/my child reserves the right to request a different horse/pony or instructor, and understand that any instructor can refuse to teach me/my child for whatever reason. I understand that the riding school may refuse my request to ride for safety or operational reasons.
- I accept that instructions are given for my safety and I/my child agree to follow instructions given to me/my child by staff and instructors of the riding school.
- I understand that I may borrow a hat and boots from HMSEA and agree to look after them and return them before leaving the facility. I understand that the riding school staff will give guidance on what to look for when fitting my own/my child's riding hat, but are not qualified hat fitters, so I am responsible for choosing a suitable hat. I am aware that slides, clips and grips should not be worn in hair underneath a hat. I understand that I am advised to invest in my own hat and boots for optimum comfort, performance and fit. I am aware that muckers and wellies are permitted for yard duties but are not suitable riding footwear. I accept that shoulders must be covered at all times on the yard.
- I agree that I/my child will always wear a hat when riding, leading and grooming horses. I acknowledge that I/my child should wear safe, suitable clothing including a properly secured, well fitting riding hat to the current standard (excluding BSEN 1384) and correct footwear. I understand that a body protector is strongly recommended for pole work and show jumping and compulsory for cross country riding.
- I am aware of the risks of riding while wearing jewellery including body piercing or glasses/sunglasses. I take full responsibility for this decision and undertake to fully indemnify and keep indemnified Horsham and Mid Sussex Equestrian Academy Ltd in respect of any losses (including loss of profits or any type of special indirect or consequential losses) I may suffer or liability which may accrue to it as a result of any injury caused to myself or my child as a result of failure to remove jewellery when riding or dealing with horses at HMSEA.
- I have been fully informed that Horsham and Mid Sussex Equestrian Academy's public liability insurance does not cover horse riding for children under the age of 4 years. I am prepared to allow my child to ride regardless of this information and I accept total responsibility in the event of any accident that may occur.
- I have read and agree to abide by the Adult/Parent/Spectator code of conduct.
- I have read and understand the lesson booking and cancellation policies and agree to abide by them at all times.
- Data Protection Act 1998: Statement: I understand that information I have given will be held in accordance with the Data Protection Act 1998. I understand that my personal information will not be shared with or sold to any third parties but will be made available to insurers and other concerned parties in the event of any injury or accident
- I understand that this form becomes the basis of the contract between myself and HMSEA and that I have read, understood and accept the above terms and conditions, adult/parent/spectator code of conduct, booking and cancellation policies.

Signed rider or parent/guardian if the rider is under 18;

Name: _____ Relationship to rider (if applicable): _____

Signature: _____ Date: _____

PHOTOGRAPHY – I am NOT happy for any image of me/my child to be used for marketing purposes, newspaper articles and HMSEA / third party social media sites etc. Please tick this box if you do NOT wish images of you/your child to be in public photographs.

I AM happy to receive marketing materials and promotional offers from HMSEA that may be of interest to me