

Please complete this form (**in block capitals**) before you ride. It is essential that we know how well you can ride and some medical details to ensure your safety and that of the horse. Thank you for your co-operation and we hope that you enjoy riding with us!

*Diana Ralph*

## Personal Details

First name

Surname

Address

  


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Post code

Tel (home)

Tel (mob)

Height

Weight

Age

EMAIL

Religion, if applicable to medical treatment

## Emergency Contacts

Name

Relationship

Tel

## Medical Details

Doctor's Name

Tel

Please detail ANY disability or medical condition that may affect your ability to ride or of which your instructor should be aware in case of emergency. For example: insect allergies, asthma, epilepsy, medicine allergies, visual or hearing problems etc.

Date of last Tetanus Injection

*(You are strongly advised to have a current inoculation)*

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## Riding Ability

How many times have you ridden in the past 12 months

I have never ridden before

Beginner

Novice

Intermediate

Experienced

I can ride at the following paces independently of anyone else:

walk

trot with stirrups

trot without stirrups

canter

hacking out

gallop

jumps up to 0.5m (18in)

jumps over 0.75m (30in)

cross country jumps

I have personal liability insurance cover

I have personal accident insurance cover

I understand that

- riding is a risk sport and the choice to ride is my wholly voluntary one.
- all animals are unpredictable and, despite a suitable horse being chosen to the best of the instructor's ability, it is impossible to guarantee complete safety at all times.
- it is the stable's policy that a current B.S.I. approved helmet *must be worn at all times* when mounted and failure to do so may result in my being asked to leave,
- I must obey the instructions of the instructor at all times, but reserve the right not to ride the horse allocated to me or request a change of instructor.
- that the information that I have given is covered under the Data Protection Act (1998) and will be held in accordance with that Act, but may be made available to insurers or other concerned parties in the event of any injury or accident.

I accept that Diana Ralph or her appointed representatives disclaim any responsibility or liability for any injury suffered by myself whilst on her premises or as a direct or indirect result of riding or associated activity. In the event of any accident to myself, or any other condition requiring prompt medical or dental treatment, and in the event that I (or my next of kin) am unable to make any decision on behalf of myself, I hereby authorise the organiser or their representative to give permission for such treatment as is recommended by a qualified medical or dental practitioner. I certify that I am 18 years or older and that the above statements are true and I know of no physical reason why I should not ride.

Signed

Name (Block Caps)

Date

## Riding Ability Assessment by Instructor/Supervisor

Our judgement of their capabilities is :

- Complete beginner (Lead rein/Lunge)
- Beginner (Beginning walk and trot independently)
- Novice (Walk, Trot, Canter independently)
- Intermediate (Jumping, Stage 1)
- Advanced (Stage 2 equivalent or above)

Content of Assessment Ride/Lesson

- Walk
- Trot
- Canter
- Without stirrups
- Jumping

Horse used

Signed

Position

Date