Guinness Park Farm

www.guinnessparkfarm.co.uk   01886 833384

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

Personal Details

First name [　　　　　]   **Surname** [　　　　　]

Address

[　　　　　　　　　　　]
Post code   **Tel (home)** [　　　　　]

Tel (mob) [　　　　　]

Height [　] **Weight** [　] **Age** [　]   **EMAIL** [　　　　　]

Religion, if applicable to medical treatment [　　　]

Emergency Contacts

Name [　　　　　]

Relationship [　　　　　]

Tel [　　　　　]

Date of last Tetanus Injection
(You are strongly advised to have your child inoculated.)   [　/　/　]

Medical Details

Doctor's Name [　　　　　]

Tel [　　　　　]

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

[　　　　　]

Riding Ability

- [ ] *They have never ridden before*
- [ ] *Beginner*
- [ ] *Novice*
- [ ] *Intermediate*
- [ ] *Experienced*

How many times have they ridden in the past 12 months [　　]

They 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 on their behalf*
- [ ] *I have personal accident insurance cover on their behalf*

I understand that
1. riding is a risk sport and the choice for my child or ward to ride is my wholly voluntary one.
2. 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.
3. 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 your child or ward being refused to ride.
4. They must obey the instructions of the instructor at all times, but I reserve the right for my child or ward not to ride the horse allocated to them or request a change of instructor.
5. 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 my child or ward whilst on her premises or as a direct or indirect result of their riding or associated activity. In the event of any accident to them, 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 my child or ward, 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 the child's parent/guardian/appointed agent and that the above statements are true and I know of no physical reason why they 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**