



Hollyfast Meadows Central Equestrian Disclaimer and Riding Assessment Form



Details of the person signing this form

Full Name Address

..... Post Code

Telephone Mobile Email

Details of rider if under 18 or different from above

Full Name Address

..... Post Code

Date of Birth (if under 18) Height Weight

Have you or the person you are signing for (i.e. the rider) ever been advised not to ride or suffered a serious injury or any discomfort whilst riding? **Please delete: YES/NO**

If yes please provide details

Please provide details of any disability or medical condition/s that may affect ability to ride, or that we should be aware of in case of an emergency.

Please provide emergency contact details

Primary Contact Name and relationship Tel

Other Contact Name and relationship Tel

GP Name Tel

Ability of Rider

Please tick which of the following you believe best describes the level and ability of the rider:

- Never ridden before
 Beginner
 Novice
 Intermediate
 Advanced
 On Lead Rein
 Riding at walk
 Trotting (with stirrups)
 Trotting (no stirrups)
 Canter
 Hacking
 Jumping
 _____ (please indicate height can jump confidently)
 Cross Country

If signing for a child under 18: I accept full responsibility for my child and confirm that the above self-assessment and all information above is correct. I accept that my child rides at his/her own risk.

For riders aged 18 years and over: I confirm that the above self-assessment and all information above is correct and I agree that I ride entirely at my own risk.



By signing this form I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but that it may be made available to Insurers and other concerned parties in the event of any injury or accident.

By signing this form I understand that I must obey the instructions of the instructor and that all Health and Safety requirements MUST be adhered to. I reserve the right not to ride a horse allocated to me or my child and/or request a change of instructor.

By signing this form I understand that **NO** liability for injuries sustained whilst riding or the handling of horses will be the responsibility of Hollyfast Meadows Central Equestrian and that Hollyfast Meadows Central Equestrian reserves the right to refuse permission for persons to ride or participate in any activity being organised by or for the yard.

NO CHILDREN ARE ALLOWED TO RIDE WITHOUT ADULT SUPERVISION

I understand that riding is a **High Risk Activity** and holds a potential danger, and that all horses may react unpredictably on occasions.

A parent or guardian of riders under the age of 18 must sign this form.

Please state relationship to rider

Signature..... **Print Name**..... **Date**

To be completed by Instructor

This rider has been assessed and my judgement of their capabilities is: (please tick)

Complete beginner (lead rein)

Beginner (starting to walk and trot off the lead rein)

Novice (walk, trot, canter independently)

Intermediate (jumping – up to 2ft 3)

Advanced (jumping – 2ft 6 and above)

Assessment Consisted of:

Walking Trotting (with stirrups) Trotting (no stirrups) Canterng Jumping Lateral

Horse Used Date

Instructor (print name) Signature