

Rider Registration Form

Riders Name _____ Date _____

Address _____

Postcode _____ Contact No _____

Email _____

Date of Birth _____ Weight (MAXIMUM WEIGHT 14 STONE 90KG) _____

Have you, or the rider you are signing for, ever suffered a serious injury or discomfort while riding or been advised not to ride? **YES** or **NO**

If yes please describe _____

Please detail any medical conditions or disabilities that may effect your ability to ride. This may include, pregnancy, back problems, any conditions effecting your balance or cause blackouts/ loss of consciousness/ fitting and so on

Emergency contact details

Name _____ Relationship _____ No _____

I consider myself or the rider to be a:

Complete beginner Beginner Novice Intermediate Advance

What do you believe you or the riders capability to be on a horse or pony

Riding at walk Trotting with Stirrups Trotting without stirrups Cantering Hacking

How many times have you, or the rider, ridden in the last 12 months?

None Under 12 12-40 40+

RIDERS UNDER 16 YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child rides at his/her own risk.

RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that **I RIDE ENTIRELY AT MY OWN RISK.**

DATA PROTECTION ACT 2018: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 2018 but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishments. I reserve the right to not ride a horse allocated to me or my child and or request a change of instructor. I confirm that to the best of my knowledge all the above details are correct.

Anyone signing for riders under the age of 16 are confirming they have permission from the minors parent or legal guardian for them to ride and they are aware of the risks of riding.

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER**, and that all horses may react unpredictably on occasions.

Signature _____ Print Name _____

If signed on behalf of a minor, you are confirming that you have the permission from the parent or legal guardian of this child to ride.

Relationship to rider _____ Contact No _____

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