

Name of rider.....Date of birth.....

Full postal address.....

Home phone no.Mob No.

Emergency contact name and phone no.

Email.....

Previous riding experience /ability (*tick one box only*):

No experience	<input type="checkbox"/>	Height	<input type="text"/>
Beginner / walk only	<input type="checkbox"/>	Weight	<input type="text"/>
Novice / independent rising trot	<input type="checkbox"/>		
Intermediate / independent canter	<input type="checkbox"/>		
Advanced / forward seat gallop	<input type="checkbox"/>		

Do you suffer from any heart disorders, fits or physical infirmity? YES NO

Medical details which may affect your ability to ride or of which your instructor should be made aware in case of emergency.....

I am taking prescribed medication for

I confirm that I have disclosed any disability likely to affect my riding.

Information:

- Horse riding is a risk sport, participation therefore holds potential danger.
- Horses are sometimes unpredictable and do not always respond as expected.
- We advise all persons participating in any equestrian activity to ensure that they have adequate personal accident insurance.
- We allocate horses to riders taking in to account experience and suitability, however all riders retain the right not to ride the horse allocated to them.
- All riders must wear a riding hat approved to the current BSI standard whenever participating in riding activities.
- All riders are asked to wear suitable footwear and to wear gloves.
- Riders are asked not to wear jewellery of any kind when riding or in the stable area.
- Riders are requested to inform the stables if any of the information given above is altered.
- All instructors are trained and competent to teach to their detailed level. All riders retain the right to request a change of instructor.
- Anglesey Riding Centre retains the right to terminate a rider contract.

Acceptance:

- I declare that the details supplied by me are correct and that I know of no physical reason why I should not ride.
- I will inform the stables of any change that may occur.
- I declare that I have read the information above.
- I understand that signing this form does not affect my statutory rights.
- I understand that this form becomes the basis of the contract between myself and Anglesey Riding Centre Ltd.

*Data Protection Act 1998 : Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be available to insurers and other parties in the event of injury or accident.

Rider's Signature.....Date.....

(To be signed by parent or guardian if rider is under 18 years old)