

Rider Development Form



First Name:..... Surname:.....

Address:.....

.....

..... Postcode:.....

Tel (Home)..... Tel (Mobile).....

Email:.....

Date of Birth:.....

Rider Development Goals	Time required to achieve goal	Date set	Date achieved	Comments

Riding Ability

Complete Beginner	Lead rein/lunge
Beginner	Walk/trot
Novice	Canter/jumping
Intermediate	Jumping courses
Advanced	Training towards BE90/BD Novice +

Please detail any disability or medical conditions that might affect your ability to ride. This may include, but not be limited to, any back problems, conditions which can affect balance or blackouts/loss of consciousness/fitting. If you are unsure about any existing medical condition please consult your doctor.

.....

Do you take any routine medication? Yes/No

If yes please detail.....

Have you ever suffered a serious injury? Yes/No

If yes please detail.....

Emergency contact name and relationship:.....

Tel:.....

I confirm that to the best of my knowledge all of the above details are correct.

I have read the Horse Riders' Code of Conduct below and I understand that riding at any standard has inherent risk of injury. I accept that risk and agree that the Riding Instructor will not be liable for injury or damage to property unless it is caused by their negligence.

Data Protection Act 2018: 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 an injury or accident. The lawful basis for this is legal obligation.

The Horse Riders Code of Conduct

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- I may fall off and could be injure. I accept that risk.
- I understand that instructions are given for my safety and agree to follow instructions given to me.
- I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat while riding
- I understand it is my choice whether or not I wear a body protector
- I understand that my riding instructor will make decisions based on information I give them and agree to always be honest and volunteer information about my abilities and riding experience, any previous riding accidents and any medical conditions which may affect my ability to ride.
- I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to undertake the ridden tasks including any jumps which form part of it. If I am in any doubt, I will use my judgement and experience and not enter.

I confirm that to the best of my knowledge all of the above details are correct.

I have read the Horse Riders' Code of Conduct and I understand that riding at any standard has inherent risk of injury. I accept that risk and agree that the Riding Instructor will not be liable for injury or damage to property unless it is caused by their negligence.

Where signing on behalf of a minor I have explained the Riders' Code of Conduct to my child and we both accept the risk and agree that the Riding Instructor will not be liable for injury or damage to property unless it is caused by their negligence.

Signed:

Dated:

Print Name: