BRIDLEWOOD EQUESTRIAN CENTRE - RIDING CLIENT REGISTRATION AND ACCEPTANCE FORM

CLIENT DETAILS - CONFIDENTIAL (please complete boxes as apropriate)

Name:		D.O.B.	
Address:		Age:	
		Weight:	
		Height:	
Tel: (Home)		Tel: (work)	
Tel: (Mobile)		Email:	
Occupation:			

Have you ever suffered serious injury or discomfort whilst riding?: Yes ☐ No ☐

If yes, please give details:

Medical details which may affect your ability to ride or which your Instructor should be made aware of in case of emergency: (e.g. back problems, diabetes, pregnancy)

EMERGENCY CONTACT

Contact name: **Telephone Number:**

RIDING ABILITIES - Tick all boxes that apply

I consider myself to be a:

Complete beginner ☐ Beginner ☐

Novice ☐ Intermediate ☐ Advanced ☐

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

None ☐ Less than 12 ☐

12 - 40 ☐ 40 + ☐

Riding experience to date, can you...

Walk ☐ Trot ☐ Canter ☐ Gallop ☐ Jump ☐ **please tick where appropriate**

Canter with neck strap ☐ Canter without neck strap ☐

How did you find out about us?

If on holiday, please enter name of Hotel/Camp

Please tick here if you wish to receive our Newsletter and Literature ☐

INFORMATION

1. **Horse riding is a risk sport, participation therefore holds potential danger.**
2. **Horses are sometime unpredictable and do not always respond as expected.**
3. **We advise all persons participating in any equestrian activity to ensure that they have adequate personal accident insurance.**
4. We allocate horses to riders taking into account experience and suitability however all riders retain the right not to ride a horse allotted to them.
5. All clients must wear a riding hat approved to current B.S.I. Standard whenever participating in riding activities.
6. All clients are asked to wear suitable footwear and gloves.
7. Clients are asked not to wear jewellery of any description when riding or in the stable area.
8. Clients are requested to inform the stables if any of the information given above is altered.
9. All instructors are trained and competent to teach to their detailed level. All clients retain the right to request a change of instructor.
10. We retain the right to terminate a client contract.

ACCEPTANCE

Please Note Cancellation policy 24 notice is required otherwise full payment will be req required

I declare that the details supplied by me are correct and that I will inform the stables of any changes which 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 BRIDLEWOOD RIDING CENTRE.

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

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

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR

Horse used **Lesson Type**