



Rider Registration, Declaration & Acceptance Form

Name of Venue: _____ (Please complete all sections.)

First Name: _____ Last Name: _____

(Mobile) _____ (Emergency) _____

E-Mail: _____ D.O.B: _____

Age: _____ Height: _____ Weight: _____

Occupation: _____ Address: _____

_____ Please detail any medical condition/injuries that may affect your ability to Participate, or anything we should be aware of: _____

_____ Riding

Experience: How long you have been riding: _____, How often do you ride: _____

Are you able to Tack up: _____ Mount & Dismount: _____ Adjust girth & stirrups: _____ Ride in

Walk: _____ Trot: _____ Canter: _____ Gallop: _____ Jump X-country fence over

2ft6in: _____ Deal with a slipped saddle: _____

For the consequences in case of an accident whilst riding or in the vicinity of horses, you must comply with the instructions of your Instructor/ Coach. It is a condition of your booking that you accept that the instructor is entitled to require you to dismount or to refuse to allow you to ride if for any reason, such as ability, behaviour or health, they consider that you may endanger the safety or welfare of the horses or any person. There are inherent risks involved in horse riding.

Participant under age 18yrs: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child's participation at his/her own risk.

Participant age 18yrs & above: I confirm that the above pre-assessed abilities are correct and I agree that my participation is entirely at my own risk.

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 made available to insurers and other concerned parties in the event of any injuries or accident. I understand that I must obey the instructions of the Coach and must comply with the health & safety requirements of the establishment and The Venue. I reserve the right not to ride a horse allocated to my child or me and request a change of horse. I understand that if I choose to cancel the Equitation and Horse Care Camp after making a booking I will be charged 30% of the fee amount .I acknowledge THAT RIDING IS A RISK SPORT AND HOLD POTENTIAL DANGER, and that all horses may react unpredictably on occasions. I confirm that to the best of my knowledge all the above details are correct.

A parent or guardian of participant age 18yrs under must sign this form. If signing on behalf of the Participant, please state relationship: _____.

This information has been provided to Kortastud by Signature: _____

Name: _____ Date: _____