Loch Lomond Pony Trekking

RIDER REGISTRATION FORM

CONFIDENTIAL - Please complete all sections

First Name:	Surname:	
Address:		
Tel (Home): Tel (Mobile):	Email:	
Date of Birth:	Age:	
Occupation:	Height:	Weight:

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 ☐ No ☐

If yes, please describe:

Please detail and disability or medical conditions that may affect your ability to ride. This may include but not be limited to any back problems and any condition, which can affect balance or cause blackouts/loss of consciousness/fitting etc.

EMERGENCY CONTACT

Contact Name: _____ Tel: _____

Relationship to Rider:

RIDING ABILITY/DECLARATION - tick all the boxes that apply

I consider myself (or the person for who I am signing on behalf as a minor) to be a:

Complete Beginner ☐ Beginner ☐ Novice ☐ Intermediate ☐ Advanced ☐

How many times have you or the rider ridden in the last 12 months? None ☐ Under 12 ☐ 12 - 40 ☐ 40+ ☐

What do your or your rider's capability on a horse or pony to be?

Riding at a walk ☐ Trotting with stirrups ☐ Trotting without stirrups ☐ Cantering ☐ Hacking ☐

Riding over jumps up to 0.5m (18") ☐ Riding over jumps up to 0.75m (30") ☐ Riding over cross country jumps ☐

- 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 overleaf. I understand that riding at any standard has inherent risk that I may fall off and could be injured. I accept that risk and agree that the trekking establishment will not be liable for injury or damage to property unless it is caused by their negligence.
- Where I am 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 trekking establishment will not be liable for injury or damage to property unless it is caused by their negligence.
- I understand the trekking booking and cancellation policy and agree to bide by it all times.
- Data Protection Act 1998: Statement: I understand that 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 injury or accident.

Signature:..... Date:.....

Name:.....

If signed on behalf of a minor:

Rider's Name :..... Relationship to minor:.....

TO BE COMPLETED BY THE RIDE LEADER

This client has been assessed and our judgement of their capabilities is as follows:

Complete Beginner (Lead Rein/Lunge) ☐ Beginner (Beginning Walk & Trot Independently) ☐ Novice (Walk, Trot, Canter Independently) ☐

Intermediate (Jumping) ☐ Advanced (Jumping/Competing) ☐

Name:..... Position..... Signature.....

Assessment Content: Walk ☐ Trot ☐ Canter ☐ Jump ☐ W/O Stirrups ☐ Lateral ☐

Horse Used:..... Date:.....

Horse Assessment (Pre Trek): Fit ☐ Healthy ☐ Any Issues Noted: .....

Time:.....

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RIDER REGISTRATION FORM

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 injured. I accept that risk.
- I understand that instructions are given for my safety and agree to follow instructions given to me by ride leaders of the trekking establishment.
- I reserve the right not to ride a horse allocated to me and may request a change of instructor.
- 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 whilst riding at the trekking establishment. A hat will be provided by the trekking establishment. I understand it is my choice whether or not I wear a body protector (body protectors not provided by the trekking establishment).
- I understand that the trekking establishment 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*
  - *any medical condition(s) which may affect my ability to ride*
- I understand that children are at particular risk around horses and agree that I will keep children that I am responsible for, under close supervision at all times.
- I understand that the trekking establishment may refuse my request to ride for safety or operational reasons.
- I understand that the activities at the trekking establishment do not involve any form of competing.

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER and that all horses might react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the Health and Safety requirements of the establishment. I reserve the right not to ride a horse allocated to me, and to request a change of instructor. I confirm that to the best of my knowledge all of the above details are correct. A parent or guardian of riders under the age of 16 must sign this form.

Signed:.....

Dated:.....