The Horse Rider's 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 staff and instructors of the riding school.
- 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, leading and grooming horses at the riding school. I understand it is my choice whether or
 not I wear a body protector.
- I understand that the riding school 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 any
 children that I am responsible for, under close supervision when they are not being instructed by
 the riding school.
- I understand that the riding school may refuse my request to ride for safety or operational reasons.
- 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 ride the course including any jumps which form part of it. If I am in any
 doubt, I will use my judgment and experience and not enter.

Signed:	Dated:	
Print Name:		

Rider Registration Form



Name of Equestrian Establishment:	
Confidential - Please complete all sections below	
First Name:	Surname:
Address:	
	Postcode:
Tel: (home)	Tel: (mobile)
Email:	
Date of Birth: Age:	Weight: Height:
Occupation:	
	ry or discomfort while riding or been advised not to ride? Yes U No U
If yes, please describe:	r ability to ride. This may include but not be limited to any back problems and
Emergency contact	
Contact name and relationship:	Tel:
Riding ability/Declaration - you MUST tick all boxes that apply	
I consider myself (or the person riding for who I am signing on behalf	
Complete beginner Beginner Novice	Intermediate Advanced
How many times have you/rider ridden in the past 12 months?	None Under 12 12-40 40+
What do you believe your or the rider's capability to be on a horse or	pony to be?
	vithout stirrups Cantering Hacking Hacking
Riding over jumps up to 0.5m (18") Riding over jumps 0.75m (30"	Riding over cross-country jumps
riding school will not be liable for injury or damage to property unless it is caused by their Where I am signing on behalf of a minor I have explained the Riders' Code of Conduct to damage to property unless it is caused by their negligence. I have read and understand the lesson booking and cancellation policy and agree to bide	o my child and we both accept the risk and agree that the riding school will not be liable for injury or
Signature: Print Nam	ne: Date:
If signed on behalf of a minor:	
Rider's Name: Relationsh	nip to minor:
To be completed by Instructor/Supervisor on behalf or the Equestr	ian Establishment
This client has been assessed and our judgment of their capabilities is	s as follows:
Complete beginner (lead rein/lunge) Beginner (beginning	walk and trot independently)
Novice (walk, trot, canter independently)	ping, Stage 1) Advanced (Stage 2, equivalent and above)
Riders Name:	
Assessment lesson content: Walk Trot Canter	W/O Stirrups Jump Lateral Lateral
Horse used:	Lesson Type:
Date:Time:	<u> </u>
Signature: Print No	ame: Date: