

Bryerley Springs Farm Rider Registration Form

Surname..... Date Of Birth.....
First Name (S)..... Height.....
Home Telephone Number..... Weight.....
Address.....
.....

Emergency Contact Name & Number.....
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Have You/Your child ever suffered a serious injury or discomfort whilst riding? If so please describe here.....
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.....

Please give details of any medical conditions that may affect your/your child's Ability to ride or which your instructor should be made aware of (e.g Diabetes, Back problems etc.).....
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.....

Riding abilities (Please underline which of the following applies to You/Your Child). Please note sensible footwear must be worn i.e NO TRAINERS

BEGINNER NOVICE INTERMEDIATE ADVANCE

I Consider Myself/My child to be able to Walk, Trot, Canter, Gallop, Hack and Jump

I/My Child to be able to Trot without Stirrups, Canter without Stirrups.....

How many riding lessons have You/Your Child had in the last Twelve months?.....

Whilst I accept that every care will be taken for My/My Child's Safety, I acknowledge That Riding is a **Risk Sport** and may hold potential danger as all Horses can react Unpredictably on Occasion.

I the Signed, Hereby state that I/My Child wish to participate in riding activities.

I Voluntary accept and assume risk of personal injury. I understand that all the Activities are Voluntary and I/My Child do not have to participate I am responsible for My/My Child's own property.I intend to use my own judgement as to the activities that I/My Child should participate in taking into account of My/My Child's experience and skill, regardless of the motivation's of others.

Due to the unpredictability of horses, I agree to hold blameless any Instructor/Helper or the Proprietor in the event of an accident or injury caused by error of judgement or by the actions of any Pony/Horse whilst I/My Child participates in activities at Bryerley Springs Farm. I am willing to help lead My Child if necessary

Signed..... Date.....
Print full name