

CONTESSA RIDING CENTRE - CLIENT INFORMATION 2015/16

Mr/Miss/Mrs/Ms	Age if under 18:	DOB:
CLIENT NAME:		
Occupation:	Height:	Weight:
Address:	Landline Number:	
	Mobile Number:	
	Email:	
Emergency Contact Details:		
Information on medical conditions/medication we should be made aware of, including if ever suffered serious injury, advised not to ride, and falls from horses:		
Doctors Name, Practice and Contact number:		
Riding Experience: Please tick relevant box Complete Beginner Has not ridden <input type="checkbox"/> Beginner + Can walk/rising trot unassisted <input type="checkbox"/> Novice Walk/Trot/Canter on a quiet horse <input type="checkbox"/> Intermediate Walk/Trot/Canter/Jump a small fence/Manage a fresh horse <input type="checkbox"/> Hacking <input type="checkbox"/> Jumping <input type="checkbox"/> Jumps up to 0.5m (18") <input type="checkbox"/> Jumps 0.75m (30") <input type="checkbox"/> Cross Country Jumps <input type="checkbox"/> Advanced Walk/Trot/Canter/Gallop/Jump 3' on any horse <input type="checkbox"/> Advanced Walk/Trot/Canter/Ride Medium Level Dressage and above <input type="checkbox"/>		
What are your riding aims?		
Are you a horse owner? YES/NO	How regularly do you ride?	Start date riding at Contessa:
How did you hear about Contessa?		
Would you be willing to volunteer for events such as photocopying/office /yard work/grooming/leading/ tack cleaning/other: Please Circle		
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 riding centre 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 riding centre will not be liable for injury or damage to property unless it is caused by their negligence I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times. 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 injury or accident. Signature: _____ Print Name: _____ Date: _____ If signed on behalf of a minor: Rider's Name: _____ Relationship to minor: _____		
To be completed by Instructor/Supervisor on behalf or the Equestrian Establishment		
This client has been assessed and our judgment of their capabilities is as follows:		
Complete beginner <input type="checkbox"/> <input type="checkbox"/> lead rein/lunge <input type="checkbox"/> <input type="checkbox"/> Beginner (beginning walk and trot independently) <input type="checkbox"/>		
Novice (walk, trot, canter independently) <input type="checkbox"/> <input type="checkbox"/> Intermediate (jumping, Stage 1) <input type="checkbox"/> <input type="checkbox"/> Advanced (Stage 2, equivalent and above) <input type="checkbox"/>		
Rider Name: _____		
Assessment Lesson Content: Walk <input type="checkbox"/> Trot <input type="checkbox"/> Canter <input type="checkbox"/> W/O Stirrups <input type="checkbox"/> Jump <input type="checkbox"/> Lateral <input type="checkbox"/>		
Horse Used _____ Lesson Type _____ Date _____ Time _____		
Instructor Signature: _____ Print Name: _____ Position Held: _____		
Instructor Comments:		
Please tick here if you would prefer not to receive information via email on forthcoming events <input type="checkbox"/>		



Contessa Riding Centre

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 understand that instructions are given for my safety and agree to follow instructions given to me by staff and instructors of the riding centre.
- 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 centre. I understand it is my choice whether or not I wear a body protector.
- I understand that the riding centre 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 centre.
- I understand that should I wish to ride another horse I may request this and may request a change of instructor. I will give and discuss my reasons for any such request.
- I understand that the riding centre 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 judgement and experience and not enter.
- We operate a cancellation policy whereby the full cost of the lesson will be charged for cancellations received with less than 48 hours notice for all lessons, bank holiday lessons and day courses. All lessons are to be paid in advance on bookings.
- I may fall off and could be injured. Riding is a risk sport, All horses are unpredictable, live animals. Although we take every care it is impossible to eliminate all risks. When you or your child ride you should be aware of the following;
 - Injury from falling off
 - Feet being trodden on
 - Being kicked
 - Being squashed by a horse or pony
 - Being bittenThis list is not exhaustive, YOU HAVE BEEN WARNED OF THE RISKS. If you are not prepared to accept them then you should try another activity.

Signed: _____ Date: _____

Print Name: _____ Staff Signature _____