



RIDER INFORMATION

The following information is confidential. Please accurately complete all information below.

First Name: _____ Surname: _____

Address: _____

_____ Eircode: _____

Tel (home): _____ Tel (mobile): _____

Email: _____

Date of Birth: _____ Age: _____

Weight: _____ Height: _____

Occupation: _____

Circle answer as appropriate:

Have you or the rider you are signing for, ever suffered a serious injury? Yes No

If Yes, please give details:

Do you or the rider you are signing for, suffer from physical discomfort when riding?

Yes No

If Yes, please give details:

Do you or the rider you are signing for, suffer from any medical conditions that may affect the ability to ride? This may include but is not limited to conditions that may affect balance, back problems, conditions that can cause blackouts or loss of consciousness, seizures and so on.

Yes No

If Yes, please give details:

Where appropriate, please give details of any medication(s) to be administered or stored by a member of staff:

Emergency Contact Information

The following information is confidential

Contact Name: _____

Relationship to Rider: _____

Riding Ability and Declaration of Experience

Please complete the following information as truthfully as possible. Circle all that apply.

I consider myself or the person I am signing for, to be a:

Complete Beginner Beginner Novice Intermediate
Advanced

How many times has the rider ridden in the last 12 months?

None Under 12 12-40 40+

What do you believe the riders capability on a horse / pony to be?

Riding at walk Riding at trot Trotting without stirrups Cantering

Hacking Riding over jumps (0.5m / 18 inch)

Riding over jumps (0.75m / 30 Inch) Riding over cross-country jumps

I confirm that the information presented above is correct to the best of my knowledge.

I confirm that I have read the liability statement overleaf. I confirm that a representative of **BARNES EQUESTRIAN** has spoken with me through the statement and that I have had a chance to ask questions regarding any of the information in this or the liability documents.

I confirm that I understand that horses are unpredictable animals. I confirm that when around horses on the ground or when riding, that I understand that riding at any standard of ability carries inherent risk. I understand that accidents can happen in such circumstances and I agree that **BARNES EQUESTRIAN** will not be held liable for damage to property or injury sustained unless it is done so due to their own negligence.

I agree that I have read and understand all the information in both documents.

I agree that I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.

Data Protection Act 2018: I understand that the information I have provided will be held in accordance to the Data Protection Act 2018 but may also be shared with insurers or 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 / Staff member on behalf of BARNES EQUESTRIAN.

The client has been assessed and our judgement of their capabilities to our best knowledge with safety as a primary focus is as follows: **Tick as appropriate.**

Complete Beginner (lead rein/lunge)

Beginner (beginning walk and trot independently)

Novice (walk, trot, canter independently)

Intermediate (jumping up to 0.5m / 18 inch)

Advanced (Jumping 0.75 / 30 Inch and above)

Rider's Name: _____

Assessment lesson content:

Walk Trot W/O Stirrups Jump Lateral

Horse Used: _____ Lesson Type: _____

Date: _____ Time: _____

Signature: _____

Print Name: _____

Date: _____