

Rider Registration Form



First Name:..... Surname:.....

Date of Birth:.....

Pronoun -please delete as required: She/her, He/him, They/them, I'd prefer not to say. Other

Address:.....

Postcode:.....

Email:.....

Telephone Home/Mobile.....

Riding Ability

Complete Beginner

Beginner

Novice

Intermediate

Advanced

Aspirations and goals to achieve with Accredited Professional Coach....

Short term goal	Medium term goal	Long term goal

Please detail any disability, injury, or medical conditions that might affect your ability to ride. This may include, but not be limited to, any back problems, conditions which can affect balance or blackouts/loss of consciousness/fitting. If you are unsure about any existing medical condition, please consult your doctor.

.....

Do you take any routine medication? Yes/No

If yes please detail.....
.....

Have you ever suffered a serious injury? Yes/No

If yes please detail.....
.....

Emergency contact name and relationship:.....

Telephone:

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 below and I understand that riding at any standard has inherent risk of injury. I accept that risk and agree that the Accredited Professional will not be liable for injury or damage to property unless it is caused by their negligence.

Data Protection Act 2018: I understand that the information I have given will be held in accordance with the Data Protection Act 2018 but may also be made available to insurers and other necessary parties in the event of an injury or accident. For further information please refer to our Privacy Policy on our website. <https://www.bhs.org.uk/privacy>

Horse Riders Agreement

- 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.
- 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 while riding.
- I understand it is my choice whether or not I wear a body protector.
- I understand that my Accredited Professional Coach 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 and any medical conditions which may affect my ability to ride.

I confirm that to the best of my knowledge all the above details are correct.

I have read the Horse Riders' Agreement and I understand that riding at any standard has inherent risk of injury. I accept that risk and agree that the Accredited Professional Coach will not be liable for injury or damage to property unless it is caused by their negligence.

Where signing on behalf of a minor I have explained the Riders' Agreement to my child, and I accept the risk on their behalf and agree that the Accredited Professional Coach will not be liable for injury or damage to property unless it is caused by their negligence.

Signed: Coach Signed:

Print Name: Dated: