



Rider Registration Form

Tiree Equestrian CIC

Confidential

First Name: _____ Surname: _____

Address:

Tel (Home): _____ Tel (Mobile): _____

Email: _____

Date of Birth: _____

Weight: _____ Height: _____

Have you ever suffered a serious injury? Yes/No

If Yes, please describe:

Have you ever suffered discomfort while riding? Yes/No

If Yes, please describe:

Have you ever been advised not to ride? Yes/No

If Yes, Please Describe:

Please detail any disability or medical conditions that may affect your ability to ride. This may include, but not be limited to, back problems and any conditions which affect balance or cause blackouts or loss of consciousness. Please also detail any allergies that may be relevant. If you are unsure about how any existing medical condition may affect your ability to ride, please consult your doctor. Please give brief details of any medication we may need to know about or any additional assistance that you may require in order to ride safely.



Rider Registration Form

Emergency Contact

Contact Name and Relationship

Tel: _____

Rider ability/Declaration

To be completed by client

- Beginner a rider with no or little experience. Has ridden 0-10 times. Beginners will be led, or side walked
- Novice a rider who is comfortable and in control at the walk and/ or trot but has limited experience trotting or cantering
- Intermediate A rider who is confident and in control of all paces (including rising trot, canter, and gallop)
- Advanced A rider who is currently riding regularly, is in control of all paces (including rising trot, canter, and gallop) and has the ability to handle a spirited horse in open country

Please give us accurate information about your riding, health, weight, and fitness as we tailor rides according to ability. Riders will be assessed in the arena before we leave.

We reserve the right to request that any person using the facilities or accompanying clients leave in circumstances where in our reasonable opinion a person is creating a dangerous situation, riding in a dangerous manner, mis-treating a horse and/ or acting irresponsibly. Where a person is asked to leave the premises, they must leave immediately.

All clients and any person accompanying them must act in accordance with current laws and Government guidance relating to Covid 19 (including but not limited to regular sanitisation, not visiting the premises where they or anyone in their group has Covid 19 symptoms and maintaining social distancing).

By signing below, I confirm that the information provided on this form is to the best of my knowledge complete and accurate. I understand that the information I provide will be processed and held in accordance with Tiree Equestrian CIC's privacy policy.

Signed: _____

Print Name: _____

Dated: _____

If signed on behalf of Minor

Riders Name: _____

Relationship to Minor: _____

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 may fall off and could be injured. I accept that risk.
- I understand that I may be injured through horses biting, kicking, trips, slips and/ or allergic reactions
- 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 Tiree Equestrian CIC 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 medical conditions(s) which may affect my ability to ride

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 undertake the ridden tasks including any jumps which form part of it. If I am in doubt, I will use my judgment and experience and not enter.

Acknowledgement of risk and our liability to you

I understand that riding and handling horses has inherent risks and may cause injury including but not limited to bites, kicks, abrasions, injuries from falls, slips and trips and allergic reactions. I understand that horses are unpredictable, and that riding is a dangerous sport that I undertake at my own risk. I accept that risk. I agree that save for death or personal injury caused by their negligence, neither Tiree Equestrian CIC nor its employees, owners or volunteers shall have any liability for any accident, loss, damage, injury or illness to riders, spectators, clients, or visitors or to their property, vehicles and their contents whilst at the premises of or whilst using the facilities or services of Tiree Equestrian CIC in any way regardless of how such loss or damage arises.

By signing this form, I confirm that I have read, understood and accept the Horse Riders' Code of Conduct and the acknowledgement of risk section above. I accept the risks set out.

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.

Signed: _____

Print Name: _____

Dated: _____

If signed on behalf of a minor

Riders Name: _____

Relationship to Minor: _____

Signed: _____ Print Name: _____

Dated: _____