

Bank House Equestrian Rider Registration Form

The
British
Horse
Society

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 by staff and instructors at the riding school.*
- I reserve the right not to ride a horse allocated to me and may request a change of instructor.*
- 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 school. I understand it is my choice whether or not I wear a body protector.*
- I understand that the riding school 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 school.*
- I understand that the riding school may refuse my request to ride for safety and operational reasons.*
- I understand that if I cancel a lesson on the day of my ride I will be charged the full amount.*
- 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.*

Signed: _____ Date: _____

Print Name: _____

First Name: _____ Surname: _____ Address: _____

_____ Postcode: _____ Tel: (home) _____

_____ Tel: (mobile) _____ Email: _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Occupation : _____

Have you, or the rider you are signing for, ever suffered a serious injury or discomfort while riding or been advised not to ride? Yes No

If yes, please describe: _____

Please detail any learning difficulties, disability or medical conditions that may affect your ability to ride. This may include but not be limited to any back problems and any conditions, which can affect balance or cause black-outs/loss of consciousness/fitting and so on. _____

