

Achalone Activities



The British Horse Society
Registered Charity No. 210504

Client Registration Form

CONFIDENTIAL – Please Complete all Sections and Boxes (Both sides)

First Name: Surname:

Address:
Post Code:

Tel: (Home) Tel: (Mobile)

Email*:

Date of Birth: Age: Weight** St/Kg Height: Ft/M

Occupation:

Have you (or person you are signing for) suffered a serious injury or discomfort while riding or been advised not to ride?: Yes No

If yes, please describe:

Are you (or the person you are signing for) pregnant?: Yes No

Have you (or the person you are signing for) ever suffered/are suffering from any of the following:

Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Head Injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other diseases or illness not listed: <input type="checkbox"/> <input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Eye or Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy/fits/blackouts	<input type="checkbox"/>	<input type="checkbox"/>	Asthma or other respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please describe: <input type="text"/>
Dermatitis or skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	Strain, injury or weakness of joints	<input type="checkbox"/>	<input type="checkbox"/>	
Back trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	

* Giving your email is optional. ** Please note that we have a strict weight policy that stipulates all riders must be under 13St (84Kg) to ride. Achalone Activities reserves the right to weigh customers at their discretion. This is for the consideration of our horses. Achalone Activities is sorry for any inconvenience caused.

EMERGENCY CONTACT & DOCTORS DETAILS

Contact Name & Relationship Tel:

Doctors Name & Surgery Tel:

RIDING ABILITY – you MUST tick all boxes that apply

I consider myself (or the person riding for whom I am signing on behalf as a minor) to be a:

Never ridden before Beginner Novice Intermediate Advanced

How many times have you/the rider ridden in the last 12 months: None Under 12 12-40 40+

What do you believe your (or the rider's) capabilities are on a horse or pony?

Riding at Walk Trotting Sitting trot Cantering Jumping Hacking

TERMS & CONDITIONS

Riders UNDER the age of 16yrs: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child rides at his/her own risk.

Riders OVER the age of 16yrs: I confirm that the above pre-assessed abilities are correct and I agree that *I ride entirely at my own risk.*

1. Horse riding is a risk sport, participation therefore holds potential danger.
2. Horses are unpredictable and do not always respond as expected.
3. We advise all persons participating in any equestrian activity to ensure that they have adequate personal accident insurance.
4. We allocate horses to riders taking into account experience and suitability however all riders retain the right not to ride a horse allocated to them.
5. All clients must wear a riding hat approved to current B.S.I Standard whenever participating in riding activities. We provide headwear if needed.
6. All clients are asked to wear suitable footwear and gloves.
7. Clients are asked not to wear jewellery of any description when riding or in the stable area.
8. Clients are requested to inform Achalone Activities if any of the information above is altered.
9. We retain the right to terminate a client contract.

I understand that I must obey the instructions of the instructor/coach and must comply with Health & Safety requirements of the establishment. I confirm that to the best of my knowledge the information given above is correct and up to date. A parent or guardian of riders under the age of 16 must sign this form.

ACCEPTANCE

I declare that the details supplied by me are correct and that I will inform Achalone Activities of any changes that may occur. I declare that I have read the information above. I understand that signing this form does not affect my statutory rights. I understand that this form becomes the basis of the contract between Achalone Activities and me.

If signing on behalf of a rider, please state the relationship to the rider

Signature

Print Name

Date: