 CORNILO RIDING CLIENT REGISTRATION FORM **2023**

For office use only:

This rider has been assessed in accordance with procedure and my initial judgment of their capability is:

* Leader/Helper/Non-rider
* Pleasure Ride
* Pony party
* RDA
* Lead-rein or lunge
* Walk but Trot on lead-rein
* Walk & Trot independently, learning to Canter
* Walk, Trot Canter & begin to jump
* Walk, Trot, Canter, & jump < 0.5m
* All paces+ jump >0.5m, XC
* Technical (dressage + no jumping)

Assessment content: Walk 🖵 Trot 🖵

Canter 🖵 W/o stirrups🖵 Jump 🖵

Horse used…………………………..…

Location ………………………………..

Date of assessment….……..………….

Time ……………………………………….

Assessor:……………………………………

Terms and Conditions (Safety Information & Code of Conduct)

1. Lessons will be paid for in advance at the time of booking. A cancellation fee of 100% will be charged to those who give no notice or less than 24hours notice that they are unable to attend a pre-booked lesson.
2. If more than 24hours notice is given the lesson may be transferred or a voucher issued. Refunds will incur a £5 admin fee.
3. I understand that Cornilo Riding makes decisions based upon the information I have given them. I agree to be honest.
4. Riding at any standard has inherent risk and that all horses may act unpredictably on occasions.
5. Riding is a risk sport and I may fall off - I accept that risk. If I have an accident I will complete an accident form.
6. I understand that instructions a given for my safety & agree to follow the instructions of my coach or a member of staff.
7. I agree to comply with the Health & Safety Policy, Code of Conduct and Rules of The Establishment.
8. The information I have given will be held in accordance with the General Data Protection Regulation 2018 and will be made available to insurers and other parties in the event of an accident or injury.
9. I confirm that all details on this form are correct and accept the Cancellation Policy.
10. We advise all people who participate in equestrian activities to take out personal accident insurance.
11. Anyone carrying (or using) any camera (including hat-cams) whilst riding will not be covered on insurance.
12. We always allocate horse to rider based on riding ability, experience, health and suitability, and all our coaches are qualified to teach or are under a training scheme.
13. Clients must wear riding hats to current BHS standards (available to borrow free of charge) when riding, leading and grooming horses.
14. If I choose not to wear a hat based on religious grounds, I accept liability for that risk. Sign here: ……………………………………
15. Riders must wear suitable footwear (90o heel and minimal tread - available to borrow free of charge).
16. Riders are advised to wear gloves and sleeves that cover the elbow (available to borrow free of charge).
17. Riders are advised to wear body protectors when riding and it is compulsory to wear them when jumping (available to borrow free of charge).
18. Riders are requested not to wear jewellery (watches and wedding rings are permitted – we provide complimentary non-allergic tape to cover earrings if you prefer not to take them out).
19. If any client feels unsafe, worried or concerned about any matter they must speak to a member of staff straight away.
20. I reserve the right not to ride the horse allocated to me and may request a change of coach. Cornilo Riding reserves the right to ask a rider to dismount in the interest of horse welfare.
21. I understand and accept that Cornilo Riding may refuse my request to ride for safety or operational reasons.
22. Clients under the age of 18 years must have close adult supervision when not under instruction, acknowledge and sign for all written details.

**I have read & understood all points 1-22 Signed …………………………………………… Date …………………**

(If not the rider please state relationship) ………………………………………….

Client Details

First name:…………….….… Surname…………………...…….. DOB…………..…...

Full postal address…………………………………………….…………………..………..

Postcode…………...................... Phone contact:………………………..…………… (this is how we contact you)

Emergency contact person:…………………………………………..…………………

Tel:…………………..............….....................................................................................

Your height……………… Weight…………….…… Riding weight………………….

Have you ever suffered discomfort when riding? Yes 🖵 No 🖵

Please detail any medical conditions (physical or emotional) that may affect your ability to ride or to receive any treatment in an emergency

.…………………….………..………………………………………………………………… Which riding abilities apply to you? Please circle all you would do today…

Complete Beginner Novice Trotting Cantering Small Jumps Big Jumps Expert

How many times have you ridden in the last 3 months? ………………………...

Do you ever feel nervous before you ride or when you ride? Yes 🖵 No 🖵

What are your riding goals or objectives? ………………………………. ………..

……………………………………………………………………………………………….