

Rider Registration Form & Participant Disclaimer



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| First Name: | Surname: |
| Address: | |
| Tel (home): | Tel (mobile): |
| Email: | |
| Date of Birth: | |

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| Have you ever suffered a serious injury or been advised not to ride? | Yes/No |
| If yes, please describe below: | |
| Please detail any medical conditions (including allergies) or learning difficulties which may affect your ability to ride / shoot or affect the medical care you are given should you be involved in an incident. Please also detail any routine medication that you may take: | |
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| Emergency contact name and relationship to rider: | |
| Emergency contact number: | |

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| I consider my riding level to be: | |
| Complete Beginner (lead rein/lunge) | Intermediate (walk, trot, canter & jumping up to 2ft) |
| Beginner (Beginning Walk & trot independently) | Advanced (walk, trot & canter, faster paces, jumping 2ft+) |
| Novice (walk, troy & canter independently) | |

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| I consider my archery level to be: | |
| Complete Beginner (never shot before) | Intermediate |
| Beginner | Advanced |
| Novice | |

I confirm that, to the best of my knowledge, the above details are correct and are a true representation of my (or the minor that I am signing for) ability.

Data Protection Act 1998: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

- I understand that riding, archery and horseback archery at any standard has inherent risk and that all horses can behave unpredictable on occasion.
- I may fall off and could be injured. I accept that risk.
- I understand that all instructions given to me by my coach or Range Safety Officer are for my safety and I agree to follow these instructions.
- I understand that wearing an appropriate and up to standard riding helmet, and a body protector if I so choose, may reduce the severity of an injury should an accident happen, and I agree that I will always wear a helmet when mounted.
- I understand that it is my choice to wear a body protector.
- I understand that my coach will make decisions based on information I give them, and agree to always be honest and volunteer information on:
 - My abilities and riding experience
 - My horse's level of training
 - Any previous riding accidents
 - Any medical condition(s) which may affect my ability to ride
- I understand that competing may carry enhanced risk over and above general training sessions, and agree that if I choose to enter, it is up to me to ensure that I have the required level of skill, qualification and/or grading to compete safely.
- The Coach and the Property Owner shall not be held liable for any injury, loss, damage, or incident that occurs before, during, or after coaching sessions or related activities held on the premises. By participating in coaching sessions, the Client accepts full responsibility for their own safety and waives any claims against both the Coach and the property owner arising from the condition, use, or occupancy of the premises.

I have read the above Participant Disclaimer and agree to all points.

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| Signed: | Print Name: |
| Date: | |
| If signing on behalf of a minor, both me and the minor that I am responsible for have read and agree to all points: | |
| Name of Rider: | Relationship to Minor: |