**RUISLIP PARK STABLES**

**HORSE RIDER REGISTRATION FORM & HACKING CONTRACT**

ALL RIDERS AND PARENTS OR LEGAL GUARDIANS MUST SIGN PAGE 2 AFTER CAREFULLY READING PAGE 1 OF THIS DOCUMENT.

BY SIGNING THIS DOCUMENT, THE RIDER AGREES TO THE BELOW:

* Horse riding is classified as a recreational sport activity and there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. All horses may react unpredictably on occasions and related injuries can be severe requiring hospital stays and resulting in lasting residual effects. Serious injury may result from your participation in this activity. Ruislip park stables do not guarantee your safety.
* 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 the ride leader and follow the route the ride leader takes unless instructed to do otherwise. You must also ride at the pace set by the ride leader at all times and NEVER OVERTAKE THE RIDE LEADER.
* Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider’s safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. The rider shall be responsible for his/her own safety.
* I understand that Ruislip park stables 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 the stables may refuse my request to ride or may insist on escorting me on foot and leading the horse for safety and operational reasons.
* I understand that wearing an appropriate riding hat, body protector and heeled boots may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat whist riding. I understand it is my choice whether or not I wear a body protector and take responsibility for my choice of footwear.
* I understand Ruislip Park Stables holds no responsibility for any riding hats or equipment loaned from the Stables and strongly advise you purchase your own to ensure correct fit and safety.
* I shall not bring any claims, demands or legal actions against Ruislip Park Stables and is associates for any economic and uneconomic losses due to bodily injury, death or property damage sustained by me and/or my minor child in relation to the premises and operations of Ruislip Park Stables while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Ruislip Park Stables, whether on or off the premises of Ruislip Park Stables. Furthermore, I understand Ruislip Park Stables may pursue me for damages/losses that arise (e.g. vets bills) as a result of my careless riding.

**FOR THE RIDER TO COMPLETE & SIGN**

**Name of Rider** ……………………………………………………...................

**Date of Birth** ………………………………………

**Weight** …….………….......

**Mobile No.** ……………………………….................................

**Emergency contact Name, Telephone number and Relationship to rider**:

**Please detail ANY disability or medical condition that may affect your ability to ride or which we should be aware of in case of emergency.**

**Has the person riding ever suffered a serious injury or any discomfort while riding or been advised not to ride?**

NO YES (please give details)

**Previous riding experience**

How often has the named person ridden in the past 12 months?

Never Monthly Fortnightly Weekly

**What do you believe your/the rider’s the capabilities to be? (Please be honest!)**

Walk Rising Trot Trot without stirrups Canter Gallop

Jumps 0.5m Jumps 0.75m Cross Country Obstacles

**Riders under 16 years of age**: 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, and have read and do fully understand the foregoing agreement, warnings and assumption of risk.

**Riders aged 16 years and over:** I confirm that the above pre-assessed abilities are correct and that I ride entirely at my own risk and have read and do fully understand the foregoing agreement, warnings and assumption of risk.

All Riders and Parents/ Carers/Legal Guardians of those under 16 must sign below after reading this entire document (pages 1 and 2).

**Signature of Rider** …………………………………………………................

**Signature of Parent/Carer** …..…………………………….................. **(If under 16 years)**

**Date** ……………………………………………..........