

## Lee Valley Riding Centre Rider Registration and Permission Form

Issue 1

## Confidential - please complete all applicable sections below and read and sign the declaration overleaf

	Rider's first name:					Surname:						
	Address:											
Λ	Where did you hear about us?					Postcode:						
A	Tel:					Mobile:						
	Email:					Gender:						
	Date of birth:					Height:	Height: Weight:					
	Have you, or the rider you are signing for, ever suffered while riding or been advised not to ride?				serious injury or discomfort			Yes	Yes No			
	If yes, please describe:											
B	Please detail any disability or medical conditions that may affect your ability to ride. This may include but not be limited to: any back problems; any conditions which can affect balance or cause blackouts/loss of consciousness/fits; learning difficulties and behavioural issues; allergies (if none please write none):											
	Emergency contact na		Tel:									
	I confirm that to the best of my knowledge all of the above details are correct.											
	I have read the Horse Riders' Code of Conduct overleaf. I understand that riding of any type has an inherent risk and that I or the rider I am signing on behalf of may fall off and could be injured. I accept that risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence. When I am signing on behalf of a minor I have explained the Riders' code of Conduct to them and we both accept the risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.											
С	FAIR COLLECTION NOTICE: By adding your details to this form you are agreeing to GLL, trading as Better to process your information in accordance with the General Data Protection Regulations and the Data Protection Act 2018. Your personal details will be processed fairly and lawfully and will not be passed to any third parties without your explicit consent. We are committed to protecting your privacy and security. Whenever you provide personal information, we will treat that information in accordance with our Privacy Notice and current Data Protection legislation. For further details please read our Privacy Notice at better.org.uk/privacy.											
	Signature:		Name:					Date:				
	If signed on behalf of a minor											
	Rider's name:	Your relat			Your relations	nship to rider:						
		F	or asses	ssment lesso	ons and	membersh	ips:					
Riding ability	<ul> <li>please tick all state</li> </ul>	ments that	apply			1						
How many times have you/rider ridden in the las			t 12 months?		0	1-	1-12		40	40+		
What do you l	oelieve your/rider's cap	ability to be	on a horse	e or pony:	1							
Riding at walk			Trotting with stirrups			Cantering		ring	g			
Riding over jumps 0.5m/18"			Riding over jumps 0.75m/30"				Cross	Cross country jumping				
To be comple	eted by instructor on <b>b</b>	ehalf of Le	e Valley R	iding Centre								
This rider has	been assessed and ou	r judgement	of their ca	apabilities is as	follows:							
Have a Go (lead rein) New Rider (beginning to					ot independently) Begi			inner (beginning canter)				
Novice (confident canter)			Intermediate (lateral work)				nced					
Jump level (if assessed) Beginner			Novice			Inte			ntermediate			
Stage 1 course:					Stage 2 course:							
Horse used:					Date:							
Instructor name:					Signature:							

Instructor: Horse: Date: Time: Level:







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## The Horse Riders Code of Conduct

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- I / the rider who I am signing for may fall off and could be injured. I / we 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 whist riding, leading and grooming horses at the riding school. I understand it is my choice whether or not I wear a body protector for flat work lessons. It is compulsory for riders on all Lee Valley's jump lessons to 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:
  - 1. my abilities and riding experience
  - 2. any previous riding accidents
  - 3. 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.
  - Children aged under 8 years their parent or responsible adult must remain on site for the duration of their activity;
  - Children aged between 8 and 15 years their parent or responsible adult need not be on site for the duration of the activity but must either:
    - 1. be present to supervise the child immediately before and after, or
    - 2. ensure that their child arrives not more than 15 minutes before their activity and leaves immediately afterwards, as children are not supervised by riding centre staff before or after their activity
  - Children found here unaccompanied will be asked to wait in Reception while their parent or guardian is contacted to collect them
- I understand that the riding school may refuse my request to ride for safety and operational reasons.
- 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:	 	 





