



# Redbrook Equestrian

**CONFIDENTIAL - Please complete all Sections and Boxes**

First Name:  Surname:

Address:  Postcode:

Tel: (home)  Tel: (Mobile)

Email:

D O B  Age:  Weight:  Height:

Occupation

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

If yes, please describe:

Please detail ANY disability or medical conditions that may effect your ability to ride or which your instructor should be aware of in case of emergency.

## EMERGENCY CONTACT & DOCTOR DETAILS

Contact Name & Relationship:  Tel:

Doctors Name:  Tel:

## RIDING ABILITY - you MUST tick all boxes that apply

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

Never ridden before  Beginner  Novice  Intermediate  Advanced

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

What do you believe your or the person riding's capabilities on a horse or pony to be?

Riding at a walk  Trotting with stirrups  Trotting without stirrups  Cantering

Hacking  Riding over jumps up to 0.5m (18")  Over jumps 0.75m (30")  Riding over cross country jumps

**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 risk.  
**RIDERS AGED 16 YEARS AND OVER:** I confirm that the above pre-assessed abilities are correct and I agree that I RIDE ENTIRELY AT MY OWN RISK.  
**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 I must obey the instructions of the instructor and must comply with the Health and Safety requirements of the establishments, I reserve the right not to ride a horse allocated to me or my child and or request the change of instructor.  
 I confirm to the best of my knowledge that the above details are correct. A parent or Guardian of riders under the age of 16 must sign this form.  
 I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that horses may react unpredictably on occasions.  
**NB :** If you should need to cancel or change your lesson we require a minimum of 48 hrs notice otherwise a full fee is payable

If signing on behalf of the rider please state the relationship to the rider:

Signature:  Print Name:  Date:

## TO BE COMPLETED BY INSTRUCTOR / SUPERVISOR ON BEHALF OF REDBROOK EQUESTRIAN

This client has been assessed and our judgement of their capabilities is as follows:

Complete beginner (lead rein/Lunge):  Beginner ( Beginning walk and trot independently):

Novice (walk, trot, canter independently):  Intermediate ( jump, Stage 1):  Advanced (Stage 2, Equivalent and above)

ASSESSMENT LESSON CONTENT: Walk  Trot  Canter  W/O Stirrups  Jump  Lateral

OFFICE USE - ASSESSMENT LESSON

Horse used  Lesson type

Date  Time

Signature  Print Name  Position