

CHERRY LANE EQUINE RIDER REGISTRATION

PERSONAL INFORMATION

Name: _____ Age: _____
Address: _____
Tel: (home) _____ Tel: (cell) _____
Email: _____ Date of Birth: _____

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

Please detail any disability or medical conditions that may affect your ability to ride or which your instructor should be aware of.

EMERGENCY CONTACT & DOCTORS DETAILS

Contact Name: _____ Tel: _____
Relationship: _____
Doctor's Name: _____ Tel: _____

RIDING ABILITY (please tick all that apply)

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

Never ridden before Beginner Novice Intermediate Advanced

What do you believe yours or the person riding' capabilities to be?

Riding at Walk Trotting with Stirrups Trotting without Stirrups Cantering
Hacking Riding over Jumps up to 18" Over Jumps up to 2'6" Over Jumps over 2'6"

Riders under 18 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. **Riders 18 years of age and over:** I confirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk.

PHOTO RELEASE: I hereby give permission for images of my child and/or myself, captured during regular and special activities through video, photo and digital camera, to be used for the purposes of promotional material and publications, and waive any rights of compensation or ownership thereto.

I understand that the information I have given may 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 requirement of the establishment. I reserve the right not to ride a horse allocated to me or my child and or request a change of instructor.

I confirm that to the best of my knowledge all the above details are correct. A parent or guardian of riders under the age of 18 must sign this form.

I acknowledge that RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions.

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

Signature: _____ Date: _____
Print Name: _____