



CONFIDENTIAL RIDER'S ABILITY INFORMATION

Riders name:.....

Emergency Contact name: Tel No:

Date of Birth:..... Height:..... Weight:.....

Have you or the rider ever suffered serious injury or discomfort whilst riding?

YES NO

If yes, please describe:

RIDING ABILITIES—Tick all boxes that apply

I consider myself (or the rider) to be a:

Complete Beginner/ Lead Rein Beginner (Walk & trot independently)

Novice (Walk, trot, canter independently)

Intermediate (Jumping, Stage 1) Advanced (Jumping, stage 2)

How many times have you (or the rider) ridden in the last 12 months?

None Less than 12 12– 40 40 +

What do you believe your capabilities (or the riders) on a horse/pony to be?

Riding at a walk Trotting with stirrups

Trotting without stirrups Cantering Hacking

Riding over jumps up to .5m Over jumps .75m

Riding over cross country jumps

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the health and safety requirements of the establishment. I reserve the right not to ride a horse allocated to me, and request a change of instructor. I confirm that to the best of my knowledge all the above details are correct. I confirm that the above pre-assessed abilities are correct and I agree I ride entirely at my own risk or accept full responsibility for my child riding.

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

Signature:..... Print Name:.....Date:.....

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR

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

Complete beginner Beginner Novice Intermediate

Advanced

Name:..... Position:Signature:.....

Assessment lesson content: Walk Trot Canter Jump

W/O Stirrups Lateral

Horse used: Date: Time: Lesson Type: