



Sarah Sjöholm Patience
EQUESTRIAN EXCELLENCE

Rider Registration Form

Confidential – Please complete all sections below	
Full Name:	
Address:	
Tel: (mobile)	(home)
Email:	
Date of Birth:	
Have you, or the rider 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 affect your ability to ride. This may include but not be limited to any back problems and any conditions, which can affect balance or cause blackouts/loss of consciousness/fitting and so on	
Emergency contact	
Contact name and relationship:	
Tel:	
Riding ability – you MUST tick all boxes that apply	
I consider myself to be a: Beginner <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	
How many times have you ridden in the past 12 months? None <input type="checkbox"/> Under 12 <input type="checkbox"/> 1-40 <input type="checkbox"/> 40+ <input type="checkbox"/>	
What do you believe your capability to be on a horse or pony? Riding at walk <input type="checkbox"/> Trotting with stirrups <input type="checkbox"/> Trotting without stirrups <input type="checkbox"/> Cantering <input type="checkbox"/> Hacking <input type="checkbox"/> Riding over jumps up to 0.5m (18in) <input type="checkbox"/> Riding over jumps 0.75m (30in) <input type="checkbox"/> Riding over cross-country jumps <input type="checkbox"/>	

Contact Permission

I agree to Sarah Sjolholm-Patience, and those acting on her behalf, contacting me via:

Post Text message Phone Email Facebook/Messenger

I would like to receive copies of Sarah Sjolholm-Patience's newsletter



Declaration

I confirm in that to the best of my knowledge all of the above details are correct.

- I understand that riding at any standard has an inherent risk and that all horses may react unpredictably on occasions.
- I may fall off and could be injured. I accept that risk and agree that the Sarah Sjolholm-Patience will not be liable for injury or damage to property unless it is caused by her negligence.
- I understand that instructions are given for my safety and agree to follow instructions given to me by my 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 whilst riding, leading and grooming horses at the yard. I understand it is my choice whether or not I wear a body protector.

Data Protection Act 2018: I understand that the information I have given will be held in accordance with the Data Protection Act 2018 but may also be made available to insurers and other concerned parties in the event of any injury or accident.

Signature: _____

Print Name: _____

Date: _____