

Client Information and Basic Risk Assessment

Name.....

Address.....

.....

Contact details:.....

Emergency contact Details.....

Do you have any Rider Medical History that may affect my lesson/Injuries/
Ailments.....

.....

Does your horses or horses have any Veterinary history that may affect the lesson ie.
injuries or ailments.....

.....

Please circle your answer:

My Horse/horses are used to working in outdoor space ie large arena/field Yes/No

Does your horse/horses have any vicious tendencies Yes/No

Is your horse/horses fully Vaccinated and in line with current legislation regarding
Equine Flue ie Yes/No

Do you fully understand you are riding at your own risk Yes/No

I am fully aware that I must wear appropriate Personal Protective Equipment (PPE) at
all times Yes/No

- . Hat have the kite mark or PAS Safety Standard
 - . Correctly fitting riding boots or boots and chaps, no yard boots
 - . Body protectors advised for jumping but compulsory for XC fences in a field .
- Gloves recommended but optional

All my tack and equipment is to the best of my knowledge in good condition and
working order Yes/No

My Horses level of fitness is:Light -Medium -Fully Fit -My horses work load is:
light/ medium /Heavy

What rider are you: Professional/Experienced Amateur/Intermediate Amateur/Novice
Amateur/Intro Amateur/BHS Student/Child

All Attendees use Electronic Gate Entry to the Farm use either own telephone for announcement or Keypad Intercom on the Gate (your own phone is safest)

Parking area can be found by driving directly into the yard, past the house, through a wooden gate and past the horse walker:

You are fully responsible for your own PPE Equipment ie Correctly fitted hat to current safety standard, gloves, boots (categorically no yard boots for riding), body protector where required, tack and mounting of your horses, I will not check any tack and will social distance at all times

There is a Public foot path adjacent to the Outdoor arena and I perfectly happy to ride in the arena knowing this Yes/No

All refreshments such as tea, coffee biscuits are complementary and are consumed at own risk Yes/No

Horses are often turned out in adjacent paddocks, I am happy to ride whilst these horses are turned out in these paddocks Yes/No

I (the under signed) am fully responsible for any helpers, drivers, supporters that are with me whilst on these premises Yes/NO

I (the under signed) am fully aware that the Landowners are not responsible to any loss or damage to any of my property whilst on these premiss Yes/No

I (the under signed) am fully aware of the 24 hour pre payment policy and that it is non refundable if I fail to turn up, but if cancellation I made within 12 hours prior to booked session due to illness or injury my session will be transferred to a mutually convenient date

Signed

Date

Parent/Guardian

All information is kept under the Data Protection act 2018 and no information will be shared in any way

Payment Details for Bacs payments Bank details are:

Sort code:772001

Account Number: 47681160 Account Name: Victoria Baker

Please use your name as a reference and payment will be used as acceptance of terms and conditions