

KILNSEY TREKKING & RIDING CENTRE CLIENT DETAILS FORM 2020

NAME _____ DATE _____

ADDRESS _____

POSTCODE _____ CONTACT NUMBER _____

EMERGENCY CONTACT DETAILS _____

The following information is necessary to help us allocate the pony most suitable for your riding here at Kilnsey Trekking & Riding Centre and all information will be treated in confidence under the Data Protection Act. It is your responsibility to fill it in as honestly as possible.

AGE/DOB _____ WEIGHT _____ HEIGHT _____

RIDING EXPERIENCE (*At what pace do you feel comfortable and have ridden at before?*)

Walk Only: Trot: Canter: Gallop:

Approx. how many hours riding have you done? If you would like to add anything which may help us allocate a suitable horse, feel free to add details here or on reverse of this form.

0-5 5-50 50-150 150-500 500+

Are you coming back to riding after a break? If so, how long?

Please indicate if you have any of the following medical conditions or disabilities:

Epilepsy Allergies Heart Problems Pregnancy

Deafness Sight Defects Back Problems Diabetes

Other (please state):
Include any Learning
Difficulties etc here.

Do you have any other medical condition that you do not wish to disclose on this form?

Yes/No

I agree to wear up to date PPE – Riding Hat to BSI standard Suitable footwear Gloves

Mask (Covid precaution)

Horse riding is classified as a high risk sport. Although every effort has been taken to provide safe and friendly ponies, they remain unpredictable. It is the responsibility of our customers to acknowledge that even the best supervised equestrian activities are inherently dangerous and accept these risks freely.

PRECAUTIONS HAVE BEEN TAKEN TO LIMIT THE RISK DUE TO COVID-19. ALL CLIENTS ARE ASKED TO ACCEPT RESPONSIBILITY OF RISK AND TO OBSERVE THE GOVERNMENT REQUIREMENTS AT THE PRESENT TIME, AND TO FOLLOW THE CENTRES PROCEDURES AS FAR AS IS REASONABLY POSSIBLE.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT. I HAVE READ THE NOTICES ON THE NOTICE BOARD. IN NO WAY CAN THE CENTRE BE HELD RESPONSIBLE FOR ANY MEMBER OF MY PARTY CONTRACTING COVID-19

SIGNED: