Disclaimer form

**Rider information**

Name:

Address:

Phone:

Email:

Emergency contact:

**Horse information**

Name:

Gender:

Height:

Rider emergency contact:

**Rider information 2.0**

Competing level currently:

Camp goals:

Camp group height for SJ/XC:

**Special requirements**

Please give any dietary requirements, allergies and info on any medication you currently take.

**Payment**

Final payment is due 6 weeks before camp start date. Please send final balance by BACS to:

A J Snowdon

40-47-45

51387383

Attach the reference of riders name. Once you have paid your deposit, please return this form by post with as much information as possible.

Return address:

A Snowdon

9 Moorlea Avenue

Dringhouses

York

YO24 2PA

**Payment terms and conditions**

Failure to pay the full camp amount may result in the loss of deposit and place on the camp. Please sign and date below to agree to your understanding.

Signed: Date:

**Rider disclaimer**

I ……………………………………………. Agree to take responsibility for myself and my horse during the camp. I fully understand that riding is a dangerous sport and take part in camp activities at my own risk. I will ensure myself and my horse are at the required fitness level for all activities I sign myself up for. If my coach believes we are not fit or safe, they reserve the right to ask us to leave a session.

Signed: Date: