

The Horse Rider's Code of Conduct



- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- I may fall off and could be injured. I accept that risk.
- I understand that instructions are given for my safety and agree to follow instructions given to me by staff and instructors of the riding school.
- I reserve the right not to ride a horse allocated to me and may request a change of 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 riding school. I understand it is my choice whether or not I wear a body protector.
- I understand that the riding school will make decisions based on information I give them and agree to always be honest and volunteer information about:
 - my abilities and riding experience
 - any previous riding accidents
 - any medical condition(s) which may affect my ability to ride
- I understand that children are at particular risk around horses and agree that I will keep any children that I am responsible for, under close supervision when they are not being instructed by the riding school.
- I understand that the riding school may refuse my request to ride for safety or operational reasons.
- I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to ride the course including any jumps which form part of it. If I am in any doubt, I will use my judgment and experience and not enter.

Signed: _____ Dated: _____

Print Name: _____

Rider Registration Form



Name of Equestrian Establishment _____

Confidential - Please complete all sections below

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Tel. (home): _____ Tel. (mobile): _____

Email: _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Occupation: _____

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 condition, which can affect balance or cause blackouts/loss of consciousness/fainting etc.

Emergency contact

Contact name and relationship: _____ Tel: _____

Riding ability/Declaration - you MUST tick all boxes that apply

I consider myself for the person riding for who I am signing on behalf as a minor to be at:
Complete beginner ☐ Beginner ☐ Novice ☐ Intermediate ☐ Advanced ☐

How many times have you/rider ridden in the past 12 months? None ☐ Under 12 ☐ 12-40 ☐ 40+ ☐

What do you believe your or the rider's capability to be on a horse or pony to be?
Riding at walk ☐ Trotting with stirrups ☐ Trotting without stirrups ☐ Cantering ☐ Hackling ☐
Riding over jumps up to 0.5m (18") ☐ Riding over jumps 0.75m (30") ☐ Riding over cross-country jumps ☐

I confirm that to the best of my knowledge all of the above details are correct.
I have read the Horse Riders' Code of Conduct available. I understand that riding at any standard has inherent risk that I may fall off or I could be injured. I accept that risk and agree that the riding school will not be liable for injury or damage to property, unless it is caused by their negligence.
Where I am signing on behalf of a minor I have explained the Riders' Code of Conduct to my child and we both accept the risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
I have read and understood the lesson booking and cancellation policy and agree to abide by it at all times.
Data Protection Act 1998: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 and may be used for marketing purposes and other commercial purposes in the event of any injury or accident.

Signature: _____ Print Name: _____ Date: _____

If signed on behalf of a minor

Rider's Name: _____ Relationship to minor: _____

To be completed by instructor/Supervisor on behalf of the Equestrian Establishment

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

Complete beginner (lead rein/lunge) ☐ Beginner (beginning walk and trot independently) ☐
Novice (walk, trot, canter independently) ☐ Intermediate (jumping, Stage 1) ☐ Advanced (Stage 2, equivalent and above) ☐

Rider's Name: _____

Assessment lesson content: Walk ☐ Trot ☐ Canter ☐ W/O Stirrups ☐ Jump ☐ Lateral ☐

Horse used: _____ Lesson Type: _____

Date: _____ Time: _____

Signature: _____ Print Name: _____ Date: _____

* PLEASE SIGN + DATE ON REVERSE *

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PART 3 – ADDITIONAL INFORMATION

ALLERGIES	Do you have any known allergies?	YES		NO	
EYESIGHT	Do you have a visual impairment, or do you have low vision?	YES		NO	
HEARING	Do you have a hearing impairment, or do you have hearing loss?	YES		NO	
WALKING/MOBILITY	Do you need any help with walking?	YES		NO	
	Can you walk up a few steps (e.g. up a mounting block to a horse)?	YES		NO	
	Do you use any walking aids or supports?	YES		NO	
	Do you wear any orthopaedic appliances?	YES		NO	
	Are you a wheelchair user?	YES		NO	
COMMUNICATION	Can you take weight through your feet (e.g. sitting to standing)?	YES		NO	
	Do you understand BSL and use it to communicate yourself?	YES		NO	
INSTRUCTIONS	Do you understand Makaton and use it to communicate yourself?	YES		NO	
	Would you prefer that we help you by using very simple instructions?	YES		NO	
If you have answered YES to any of the above questions, please detail any additional information that you think would be helpful to us, to be able to help and support you, and give you the best experience we can					

PART 4 – DECLARATION

- I wish to apply to join an RDA Group as a participant, and confirm that all details given on this form are true and accurate, to the best of my knowledge
 - I agree that should the RDA Coach require additional information on my medical condition at any time, I will provide what is needed and will be willing to obtain a medical report from a medical professional, if necessary, who is familiar with my condition/s. I understand that I may be required to pay a fee for such a report.
 - I confirm that I will notify RDA immediately if any of the details or information provided on this form should change in any way
 - I recognise that this activity involves risk, and that I, the participant, must take all reasonable precautions and follow all advice properly given, at all times
 - I understand that horses and ponies, by nature, are unpredictable and as such they may react to a situation or to the local environment in such a way that the rider/ vaulter/ carriage driver may be unseated by accident
- In the absence of any negligence on the part of the RDA Group or RDA UK, I fully understand and accept that no liability will attach to either party.**

PHOTOGRAPHS/ VIDEOS 	I give my consent to photographs or videos of me being taken during RDA activities for training and/or publicity (including, but not limited to, websites, social media, newsletters and marketing materials for the RDA Group and RDA UK). I give this consent understanding that these images will <u>not</u> be given to a third party without my explicit consent	YES	☐	NO	☐
SIGNATURE	_____ PARTICIPANT / PARENT / GUARDIAN / CARER (please delete as appropriate)	DATE			

Emergency Contact Details	It is important that we know who to contact in case you are injured or become unwell. By ticking this box I confirm that have the consent of the person below, to be contacted in an emergency during the course of RDA activities		☐
Emergency Contact Name & Relationship to Applicant		Emergency Contact Number	

PART 5 – APPLICANT'S PARENT OR LEGAL GUARDIAN DETAILS & CONFIRMATION OF CONSENT TO JOIN RDA (if this form has been completed by a parent/ legal guardian, or if the applicant is under 18 years old)

Name			Relationship to Applicant	
Address			Postcode	
Telephone			Mobile	

Please make sure you fill in this form clearly, using BLOCK CAPITALS, and return it to the **RDA Group address** below



This section must be completed by the RDA Group, before the form is given to the applicant	
RDA Group Name	Unicorn Centre
Charity Number	1062577
Group Contact Name	Cheryl McKay – Head of training and events
Contact Address to which the completed application form should be sent	Stainton Way Hemlington Middlesbrough TS8 9LX
Contact Email Address	enquiries@rdaunicorncentre.co.uk
Contact Telephone Number	01642 576222

All information provided on this form will remain strictly confidential, for use by relevant RDA personnel only, in compliance with the statutory requirements of the Data Protection Act 2018. It will be used to help us to understand any specific needs you may have and to support you. We will also use this information to contact you in relation to your activities with RDA - this may include sending you important information about your involvement in your RDA Group, or any other activities you may take part in within RDA.

PART 1 – YOUR DETAILS *(details of the participant)*

First Name/s				Last Name			
What name/ nickname do you like to be known by?				Preferred Pronouns?			
Date of Birth				Sex	M / F / I identify in another way / Prefer not to say		
If you are not fluent in English, which language/s do you use on a daily basis?							
Address				Postcode			
Telephone				Mobile			
Email							
Do you have any previous experience of riding or carriage driving at an RDA Group?					YES	☐	NO
If YES, what is the RDA Group's name?							
Are you joining as part of a school, college or care centre group, or similar?					YES	☐	NO
If YES, what is the name of the school, college or centre?							

PART 2 – SPECIFIC INFORMATION ABOUT YOU

Please tell us about your disability or impairment and how it affects you (to help us to understand how to support you)	
Do you have any conditions that may need special attention during your RDA activities?	
Is there anything else about your disability or impairment that we should be aware of, to help us to improve your RDA experience?	
In case we need to find out more about your disability and how we can support you, please provide the name and contact details of a medical professional, who knows you and is familiar with your medical condition(s)	
What is your height?	What is your current weight?
<i>Please note that the applicant's height and weight details will be used discreetly by the group's coach, to assess the suitability of available horses or ponies</i>	