

Canter Camp -



Rider Information

Name _____

Address _____

Phone _____

Email _____

Emergency contact 2 _____

Horse Information

Name _____

Gender _____

Size _____

Rider Emergency contact 1 _____

Rider Information

Competing at :

.
Camp goals:

.
Camp group height for SJ & XC :

Special requirements

Please give information of any dietary requirements, allergies and if taking any medication.

Payment

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

A Snowdon, Acc: 40777199 Sort : 23 05 80 with the riders name as the reference. Once you have sent payment please message the Canter Camp facebook page telling us that you have so that we can check and confirm to you receipt of payment. Failure to make final payment deadline will result in loss of place and loss of deposit.

I (please insert rider name) agree to the payment terms and conditions as stated above

Rider signature

Date

Rider disclaimer

I (please insert rider name) agree to take responsibility for my own and my horses actions during the camp. I agree to conduct myself in a safe and cooperative manner. I agree to follow the rules of the camp organisers and camp venue. I fully understand that riding is a dangerous sport and take part in camp activities at my own risk. I will ensure that myself and my horse have appropriate attire and protective equipment which is well maintained and fit for purpose. It is fully my responsibility to ensure that myself and my horse is at the required competency and fitness level to partake in the training sessions for this camp. If a coach believes i or my horse is not at the competency or fitness level for the training session i will not parttake in that session and will not be entitled to a refund or another training session in replacement.

I agree for my personal information that is documented on this form to be stored by the canter camp coaches. I have public liability insurance with which enables me to take part in this camp.

signature

Date