Sound Equitation Booking and Liability Release Form

Horse and Rider information

YOU
Rider's full name:
DOB:
Mobile phone:
Email:
Address:
Emergency Contact:
Polationshin:
Relationship:
Do you have any medical conditions that I should be aware of:
YES (please specify)/ NO
If so are you on any medication:
YES (please specify) / NO
Do you have any old injuries or disabilities:
Please give a brief overview of your past experience, your future goals and your current level of confidence:
confidence.

www.soundequitation.co.uk debbie@soundequitation.co.uk 07917 700 020

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YOUR HORSE
Horse's name:
Age:
Breed:
Height:
Sex:
Please give an overview of your horse's diet and daily routine:
Does your horse have any veterinary issues:
YES (please specify) / NO
If so is he/she on any medication:
YES (please specify) / NO
Deserveur herre herre versieher ab sietheren versimiler treetmenter VEC /NO
Does your horse have regular physiotherapy or similar treatments: YES / NO Does your horse have regular dental checks: YES / NO
Is your horse vaccinated: YES / NO
Has your horse had any illnesses?:
YES (please specify) / NO
Does your horse have any behavioural issues?: YES / NO

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Liability Release Form

• 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.

• 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 while riding

• I understand it is my choice whether or not I wear a body protector

• I understand that my riding instructor 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 and any medical conditions which may affect my ability to ride.

• 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 undertake the ridden tasks including any jumps which form part of it. If I am in any doubt, I will use my judgement and experience and not enter. 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 and I understand that riding at any standard has inherent risk of injury. I accept that risk and agree that the Riding Instructor will not be liable for injury or damage to property unless it is caused by their negligence. Where 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 Instructor will not be liable for injury or damage to property unless it is caused by their negligence.

Signed:	
Dated:	
Print Name:	

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