

Arrow Equestrian Booking Form

Date(s) of visit _____

Name _____

Tel _____ (day) _____ (evening)

e-mail address _____

Address _____

County and Post code _____

Contact name and Tel in case of emergencies _____

On site accommodation *YES/NO *Single/Shared No of people _____

for the nights of _____

Stabling for your own horse *YES/NO

for the nights of _____

Please read this form carefully and sign below.

We recommend that all participants have their own personal accident and injury insurance.

I understand that riding is a risk sport and participation may hold potential danger and that all horses may react unpredictably on occasions. I acknowledge that I participate in "Arrow Equestrian" activities at entirely my own risk and that no responsibility can be accepted by the organisers nor any person connected with Arrow Equestrian or Weston House Farm for any accident, injury, illness or loss or damage to property or person howsoever caused. I also acknowledge that while under instruction, I have the right to choose not to participate in any exercise or activity offered.

I enclose a **non refundable booking fee of £30 per person per day (unless otherwise stated in the course information)** and understand that this can only be refunded in the unlikely event that the course is cancelled by the organisers. The balance is payable on the day. All cheques payable to "**Arrow Equestrian**"

***I am a paid up member of Arrow Equestrian**

***I enclose a signed membership form and the appropriate fee**

***This is my first visit to Arrow Equestrian and I have completed a Rider Registration form
(*delete where not applicable)**

Fee enclosed £ _____ Plus membership if applicable £ _____

Signed _____ (Parent if under 18 years) Date _____

Please complete this form, printing CLEARLY, and return it with your booking fee to: Sue Nevill-Parker
Arrow Equestrian, Weston House Farm, Pembridge, Herefordshire, HR6 9JE

Arrow Equestrian Rider Registration Form

Please complete this part of the form if this is your first experience of Arrow Equestrian or if any of your details have changed since your last visit.

Date(s) of visit _____

Name _____

Height:

Weight

Have you ever suffered serious injury or pain whilst riding? YES/NO

If YES, please describe below:

Medical History

Please detail any medical conditions that may affect your ability to ride or handle horses and any information which we need to be made aware of (eg asthma, diabetes, old or recent injuries)

Horsemanship abilities (Please tick the most appropriate)

I consider myself to be..

- a) Very Novice (little experience in riding and handling horses)
- b) Novice rider (Have ridden quite a lot but have never owned a horse)
- c) Novice horse owner (Have/had my own horse and have ridden quite a lot)
- d) Intermediate (Have ridden for several years. Competent in general riding/handling skills)
- e) Experienced (Ride regularly and competent in riding/handling most horses)

Additional Information or Requests – number and type of lessons required (if applicable)

I confirm that to the best of my knowledge, all the above details are correct

Signed _____ (parent if under 18yrs) Date _____

Additional Notes by instructor: I have assessed this person and agree with their judgement of their abilities or have amended them below

Signed _____ Date _____