

MASHAM RIDING CENTRE - RIDER DETAILS AND ASSESSMENT FORM

NAME DOB

Approx Height Approx Weight

Address

.....

Emergency Contact Details (name)

(tel no)

Do you suffer from any ailment, conditions or allergy that could affect your riding ability? Eg. Pregnant, old injuries etc

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Do you take any prescribed drugs or carry any medication that you may need in an emergency? (eg. Insulin or epipen)
YES/ NO

If so, what is the medication and where can it be found should it need to be administered in the event of an emergency?

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Is there anything else that you feel the trek leader or instructor should be aware of?

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PLEASE TICK YOUR RIDING ABILITY

Rider Ability	Ability Description	In an Arena	On Roads/Trekking in open Spaces
Lead rein	Only ridden by being lead by another person		
Novice	Never ridden or only ridden a few times		
Semi Novice	Can walk and rise to the trot		
Experienced	Can walk, trot and canter		

When was your last riding experience?.....

If experienced, how many years have you been riding?.....

Will you be wearing your own riding hat that complies to British Safety Standards? **YES/NO**

Please be aware you ride at your own risk and any valuables are carried on your person at your own risk.

Signature **Date**

** Must be signed by a parent or guardian if the rider is under 18 years old

MRC Assessment: Rider Ability **Horse Ridden**