

# Bangalore Horse Riding School

## Application Form

**Confidential: Please complete all sections below so that we are able to provide the best possible over in case of emergency.**

Riders First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Photo

Riders Father / Spouse Name: \_\_\_\_\_

Riders Guardians name if any: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever suffered a serious injury not necessarily connect with riding? : Yes / No \_\_\_\_\_

If Yes Please describe: \_\_\_\_\_

Have you ever suffered discomfort while riding? : 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/ fitting for example. If you are unsure about any existing medical conditions please consult your doctor.

Please give brief details of any medication or assistance we may need to know about that may affect your ability to ride safely:

\_\_\_\_\_

Emergency contact No.: \_\_\_\_\_

Contact Name & Relationship: \_\_\_\_\_

Parents / Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardians name if signed on behalf of a Minor (Under 18): \_\_\_\_\_

Riding ability / Declaration

Complete beginner (lead rein / lunge) \_\_\_\_\_ Beginner (beginning walk & trot independent) \_\_\_\_\_

Novice (Walk, trot, canter independent) \_\_\_\_\_ Intermediate (Jumping, above 75 CM below a meter) \_\_\_\_\_

Advance Riding (Jumping, meter and above): \_\_\_\_\_

BHRS  
BANGALORE  
EQUITATION ACADEMY

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### The Horse Riders Code of Conduct:

- I (Name): \_\_\_\_\_ understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasion.
- I may fall off and could be injured. I accept that risk.
- I understand that instructions are given for safety and agree to follow instructions given to me by staff and instructors of the riding school.
- I reserve that wearing and appropriate riding helmet and body proctor may reduce the severity of injury should an accident happen and agree that I will always wear a riding helmet while riding. Leading and grooming at riding school.
- I understand it is my choice whether or not I wear a body protector if I am an adult-over 18. I understand that if I am riding in the cross country fields I must wear a body protector. Young students, under 18 must wear body Protector at all times while riding.
- 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.
  - 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 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 choose to participate in any competition or event, it is up to me ensure that I have the experience and ability to undertake the ridden tasks including any jumps which from part of it I am in any doubt, I will use my judgment and experience and not enter.

Parents / Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardians name if signed on behalf of a Minor (Under 18): \_\_\_\_\_

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