

Rider Registration Form



THE ALIA ALASSAF ACADEMY
— EQUESTRIAN TRAINING & EDUCATION —



Confidential: Please complete all sections below so that I am able to provide the best possible cover in case of emergency.

First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Tel: (home) _____ Tel: (mobile) _____

Email: _____

Date of Birth: _____

Have you ever suffered a serious injury? Yes/No

If yes please describe _____

Have you ever suffered discomfort while riding? Yes/No

If yes please describe _____

Have you ever been advised not to ride? 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.

Do you take any other routine medication? Yes/No

If yes please
state _____

Emergency contact

Contact name and relationship: _____

Tel: _____

**Riding ability/Declaration
To be completed by client**

Complete beginner (lead rein/lunge) Beginner (beginning walk and trot independently)
Novice (walk, trot, canter independently) Intermediate (jumping)
Advanced

Goals that you would like to reach within the next 12 months:

Date: _____

Signature: _____

Print Name: _____

Date: _____

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 below. I understand that riding at any standard has inherent risk that I may fall off and could be injured. 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 I am 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.

Signature: _____

Print Name: _____

If signed on behalf of a minor:

Date: _____

Rider's Name: _____

Relationship to minor: _____

The Horse Riders Code of Conduct

- 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. I agree that I will always wear a riding hat while riding and jodhpurs or stretchy fitted trousers. Footwear should be long riding boots or Jodhpur boots – if not yet purchased then boots or shoes with a flat sole and a small block heel. 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. I agree to always be honest and volunteer information about: my abilities and riding experience, any previous riding accidents, any medical condition(s) which may affect my ability to ride.
- I understand that competing carries enhanced risk over and above general riding. I 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 judgment and experience and not enter.
- I understand that if I need to cancel a lesson after the 24 hours cancellation policy I will be charged the full lesson costs. Cancellations can only be made directly with the management, not an instructor, call / text +962 7 95553000. No refund policy applies to any packages paid in advance.
- I understand that I must sign in to class a minimum of 10 minutes prior to the class start time. If I have not signed in by this time my space will be opened to allow drop ins and this will be treated as a late cancellation, my class will be not credited or refunded.
- I understand that children are at particular risk around horses and agree that I will keep any children that I am responsible for, under close supervision when they are not being instructed by the Alia Alassaf Academy. I will not enter into any stable without assistance from an instructor.
- I understand that my family is always very welcome to help around the yard in any way but only with permission and guidance by a member of our Riding Instructor Team before doing so. To help out at the yard is voluntary and at my own risk. I do not hold the Alia Alassaf Academy or its employees responsible for accidental damage or injury.
- I understand that the information I have given will be held confidential but may also be made available to insurers and other concerned parties in the event of any injury or accident.
- I understand that the Alia Alassaf Academy reserves the right without notice to change the assigned Riding Instructor in case of sickness, annual leave, absenteeism, and/or other unforeseen circumstance.
- I understand that for safety reasons I do not wear jewelry when riding or handling horses and long hair should be tied back.
- I understand that for health reasons I have adequate personnel accident insurance. Although we have taken every precaution we can to minimize the associated risks horses are still unpredictable animals so please take care and accept that accidents do happen!

Signed: _____

Dated: _____

Print Name: _____

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