Rider Registration Form & Participant Disclaimer

First Name:	**Surname:**	**Pronouns:**
Address:		
	Postcode:	
Tel (home):	**Tel (mobile):**	
Email:		
Date of Birth:		

Have you ever suffered a serious injury or been advised not to ride?	Yes/No
If yes, please describe below:	
Please detail any medical conditions (including allergies), or learning difficulties which may affect your ability to ride, or affect the medical care you are given should you be involved in an incident. Please also detail any routine medication that you may take:	

Emergency contact name and relationship to rider:	
Emergency contact number:	

I consider my riding level to be:	
Complete Beginner (lead rein/lunge)	Intermediate (walk, trot, canter & jumping up to 2ft)
Beginner (Beginning walk & trot independently)	Advanced (walk, trot & canter, faster paces, jumping 2ft+)
Novice (walk, troy & canter independently)	

I consider my archery level to be:	
Complete Beginner (never shot before)	Intermediate
Beginner	Advanced
Novice	

I confirm that, to the best of my knowledge, the above details are correct and are a true representation of my (or the minor that I am signing for's) ability.

Data Protection Act 1998: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

Signature:	Print Name:	
Date:		
If signing on behalf of a minor:		
Rider's Name:	**Relationship to Minor:**	