

## HORSE & RIDER INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

Have you, or the person you are signing for, ever suffered a serious injury or discomfort while riding or been advised not to ride?

Yes No If yes, please describe:

Please detail **ANY** disability or medical condition that may affect your ability to ride or which your guide should be aware of in case of an emergency.

\_\_\_\_\_  
 Please tell us about any special dietary or other requirements you may have, or any foods that you strongly dislike:

\_\_\_\_\_  
 What is the maximum time in a day that you have spent in the saddle:

Up to 3 hours      Up to 4 hours      Up to 5 hours      Up to 6 hours

Do you have or have had horses? Yes No If yes, what breed and height:

Have you mostly ridden in equestrian centres: Yes No If yes, which ones?

Have you been on riding holidays Yes No If yes, which ones?

I consider myself/the person riding to be: Novice Intermediate Experienced Advanced

How many times has the rider ridden in the last 12 months: None under 12 12-40 40+ 100+

What do you believe your/the person riding capabilities to be on a horse:

Walk Trotting with stirrups Trotting without stirrups Cantering Hacking  
 Jumping up to 0.5m (18") Jumping over 0.75m (30") Cross Country Jumping  
 Polo Dressage

## Details on Your Horse

(Please complete if you are bringing your own horse)

Name: Breed: Size:

Is your horse: Shod Barefoot

Preferred bedding: Straw Shavings Other (please specify)

Fodder: Hay Haylage Soaked Hay

Type of activities undertaken regularly on your horse:

Riding Club Events Hunting Hacking Eventing Endurance Dressage

What is the maximum distance your horse has done over three days?

## Emergency Contact Details

Emergency Contacts: 1.

Name:

Relationship:

Phone:

2.

Name:

Relationship:

Phone:

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Doctor's Details:

Name:

Phone:

Address:

## Disclaimer

I fully understand horse riding is potentially dangerous, and fully accept the potential risks associated with it. I understand I will be riding over open moorland with uneven surfaces, crossing streams, rivers, soft ground, rocky outcrops and undulating surfaces. I accept the guides and leaders will do their utmost to ensure we ride in the safest places, though they cannot foresee every circumstance. I will be responsible for my own personal safety equipment, a British Standard riding hat and riding boots with heels are mandatory, back protectors are advisable but optional. These can be supplied on demand. I accept that **I RIDE AT ENTIRELY MY OWN RISK** and understand that Liberty Trails are unable to take novice or inexperienced riders. I do not, and will not hold Liberty Trails Ltd, or any persons connected with it responsible for any theft, damage, loss or injury to myself, or any property brought with me, to this event. I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER, and that all horses may react unpredictably on occasions. I confirm that I have suitable travel insurance in the event that I have to cancel or defer my booking.

DATA PROTECTION ACT 2018: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 2018 but may also be made available to Insurers and other concerned parties in the event of any injury or accident. I understand that I must obey the instructions of the guide and must comply with the Health and Safety requirements of the establishment(s). I reserve the right not to ride a horse allocated to my child or me and/or request a change of guide. I confirm that to the best of my knowledge all the above details are correct. A parent or guardian of riders under the age of 18 must sign this form.

(If signing on behalf of rider please state relationship to rider)

**Signature:**

**Print Name**

**Date:**