

Confidential Riding Application and Medical History Form

- ▶ Rider's Name: _____
▶ Contact Number: _____
▶ E-mail Address: _____

I am applying to ride with Chapin Valley Horse Riding.

I agree to the following:

- ✓ I will only ride the horse in a safe and controlled manner
- ✓ I will wear an Australian Standard Approved helmet and the correct footwear at all times
- ✓ I will read and follow all signs on the property and follow all instructions.
- ✓ The Instructor/Guide may cancel my ride without refunding any fee if I do not comply with any of these terms and conditions

Riding Experience:

▶ Number of times the rider has ridden in the past 12 months: _____

▶ Use the chart to select your riding level. Please be honest!

☐	☐	☐	☐	☐
Never been on a horse, or need to refresh on basics	Able to fully control at a walk	Able to walk and rise to the trot with full control	Able to walk, trot and canter with full control	Advanced riding skills (jumping, dressage, etc)
First Time Rider	Some Experience	Average Experience	Experienced	Very Experienced

▶ In the case of any emergency the following information is intended to assist:

Name and telephone numbers of contact people: ** Legal guardian details must be provided if rider is under 18 years of age

Emergency Contact Name	Relationship to rider	Mobile Ph	Home Ph	Work Ph

▶ Are there any learning difficulties that need to be discussed, so the instructors/Guides are able to accommodate accordingly? _____

▶ Do you (or your child) suffer from any of the following?

Please tick: Are pre-existing medical or other condition that may affect or risk other persons or myself.

☐ Asthma	☐ Diabetes	☐ Epilepsy/Fits	☐ Fainting	☐ Blackouts	☐ Disability	☐ Back Injury
☐ Heart Condition	☐ Blood Condition	☐ Pregnancy	☐ Dizziness	☐ Migraines	☐ Uneven Pupils	☐ Knee Injury
☐ Medications	☐ Allergic Reactions	☐ Recent Injury	☐ Other			

If you have ticked any of the above, please elaborate: _____

▶ Allergies

Please describe allergy and reaction: _____

Tetanus Immunisation

It is particularly important that people dealing with horses are immunised against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT.

▶ Year of last tetanus immunisation: _____

Medication

▶ Is it necessary for you or your child to carry their own medication at all times?

☐ No ☐ Yes (If yes, please list Name of Drug, Frequency & Dosage)

Consent To Medical Attention

I authorise the instructor in charge to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Privacy Statement – Privacy Act 1988

By completing this form you are supplying the Provider with personal information about yourself. This information is needed to ensure your safety during your time with us. The Provider is required to collect this information by our insurance company and by the Department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above.

▶ Signature of Rider (only if rider is over 18 years)

Signature of Legal Guardian (if rider is under 18 years old)