

Student registration and disclaimer form

First Name		Surname		Pronoun		DoB	
Address:							
Post code			Email				
Primary phone #			Other phone #				

Have you ever suffered serious injury or been advised not to ride? (Y / N)	
if yes please provide details	
Please detail any medical conditions (including allergies), disabilities 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 details:			
Name		Relationship	
Contact number(s)		email	
Please ensure the emergency contact is aware you've nominated them as such			

Current riding ability: please tick the level that you are competent in:					
	Never ridden before		Canter		Jump under 2ft
	Lead Rein		Gallop		Jump over 2ft
	Independent walk/trot		Hacking		Own a horse

Current Archery experience, please tick most relevant:	
	I am complete beginner
	I have had a go in the past
	I belong to target archery club
	I have my own archery equipment
If already shooting please outline what bow you currently use	
If currently shooting please detail what draw style you currently use	

Participant Disclaimer

- I understand that riding , archery and horseback archery at any standard has inherent risk and that all horses can behave unpredictably on occasions
- I could fall off and be injured, I accept this risk
- I understand all instructions given to me by my coach or range safety officer are for my safety and I agree to follow these instructions
- I understand that wearing appropriate and up to standard riding helmet and body protector if I choose, may reduce the severity of an injury should an accident occur, and I agree that I will wear a properly fastened helmet at all times whilst riding
- I understand that it is my choice to wear a body protector
- I understand that my coach will make decisions based on information I give them, and agree to always be honest and volunteer information on:
 - My abilities & riding experience
 - My horses level of training
 - My previous riding accidents
 - Any medical conditions which may affect my ability to ride
- I understand that competing may carry enhanced risk over and above general training sessions, and agree that if I choose to enter, it is up to me to ensure that I have the required level of skill, qualification and/or grading in order to compete safely.
- I agree that I will not attend training or competition events under the influence of alcohol or drugs, and if I do so will be asked to leave without reimbursement for fees.

Please tick below:	
<input type="checkbox"/>	I confirm the above details are to the best of my knowledge , correct and true representation of my (or the minor I'm signing for) ability
<input type="checkbox"/>	I confirm I have read the above Participant Disclaimer and agree to all points

Signature:	Date:
Print Name:	
If signing on behalf of a minor	
Participant name:	
Relationship to participant:	

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 be made available to insurers and other concerned parties in the event of any injury or accident