

**MOUNT MASCAL STABLES**

**CLIENT SELF-ASSESSMENT**

Name of Rider: .....

Address: .....

.....

..... Post Code: .....

Home Tel: ..... Mob: .....

Age: ..... Weight: ..... Height: .....

I consider myself to be a beginner / inexperienced novice / experienced novice / experienced rider.

My riding experience is:

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.....  
.....

I believe myself to be capable of riding the average horse at walk / trot with stirrups / trot without stirrups / canter / over jumps up to 0.5m (18") / over jumps up to 0.75m (30") / hacking.

I confirm I have no medical condition that prevents me from riding. Mount Mascall Stables should be aware of the following medical conditions that affect me:

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.....  
.....

I acknowledge that riding is a risk sport and participation may hold potential danger, and that all horses may react unpredictably on occasions.

I understand that I must obey the instructions of the ride escort or instructor. I acknowledge that horses are allocated to riders taking in to account experience and suitability, and instructors are trained and competent to teach to their detailed level. I reserve the right not to ride a horse allotted to me, and to request a change of instructor.

I do / do not have personal accident insurance.

.....

Signature

Date

(To be signed by parent or guardian if rider under 16)

Name of Parent or Guardian if rider under 16.....

Work telephone: .....

Emergency contact name & telephone number: .....

**PLEASE WEAR SUITABLE ATTIRE FOR RIDING – NO TRAINERS, SANDALS, SKIRTS OR SHORTS. JEWELLERY IS NOT ADVISABLE**