

**Witheford Equine Ltd
Owner Rider Assessment & Agreement**

Name of rider _____ .Name of horse_____.

Your ridden sessions at Witheford Equine Ltd (hereinafter referred to as 'the Company') to commence from
____/____/____ (Please insert date)

1. You have requested to ride your horse(s) / your friend's horse(s) / your employer's horse(s) whilst the horse is undergoing remedial work at our yard at Westcourt Stables, Burbage.

The range of other associated activities may include :

- Grooming the horse(s) according to experience and capability
- Halter work and leading the horse(s) out for daily walks around village
- Tacking the horse(s) up

2. Riding Skill

Please give **your opinion** on your level of skill (not just a list of qualifications but do please include any recognised qualifications) and what discipline(s) you have experience in (eg dressage / work rider / amateur or professional jockey / showjumping) :

Your opinion of your skill level : Beginner / Medium / Advanced (Please circle choice)

3. Stable Management

Witheford Equine reserves the right to advise you if any member of staff considers that the horse(s) is/are not of a suitable disposition for you to handle. In order to assess this we ask you to give **your opinion** on your level of skill (not just a list of qualifications but do please include any recognised qualifications) and experience in stable management (eg dressing over horses / equine first aid / checking feet or joints / dietary issues) :

Your opinion of your skill level : Beginner / Medium / Advanced (Please circle choice)

4. Medical History:

Please state any medical conditions which may need to be monitored / taken into consideration in your ability to perform any associated activities for riding or handling this horse (eg allergies, epilepsy, asthma, diabetes, previous injuries)

Emergency Contact : Name : _____ Tel No : _____ Relationship _____

5. Our Public and Employer Liability Insurance provides statutory cover but we strongly recommend that you have your own personal accident insurance (such as CICA) to cover loss of earnings in the event of time off work due to injury. Any medical conditions or disabilities not disclosed on this agreement may jeopardise any insurance claims.

I accept the above conditions of placement and confirm that to the best of my knowledge the above information is correct. I agree to accept instruction or recommendations from the staff of Witheford Equine when handling / riding the horse(s) and accept full responsibility for injury, loss, damage or death to myself, the horse(s), tack or any other equipment should I fail to carry out any such instruction or recommendation. I also agree that I will not ride or handle the horse(s) if it is the considered opinion of Witheford Equine that the horse does not suit my riding skill or is not physically fit or sound for riding.

Signed..... Date.....
Name of rider

Signed by Date.....
For Witheford Equine Ltd