Confidential Riding Application and Medical History Form

AFFINITY Risk Management

Riders name: ☐ Over 18 (Check Box)

Contact Numbers: Age: (if under 18)

I am applying to ride with

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

- ☐ The number of times the rider has ridden in the last 12 months
- ☐ Indicate below the number of times the rider has ridden in total

☐ 0 - 10	☐ 10 - 20	☐ 20 - 50	☐ 50 - 100	☐ 100 +
Little experience	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 gardian details must be provided if rider is under 18 years of age

Emergency contact name	Relationship with rider	Mobile	Home	Work

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

Please describe:

Do you (or your child) suffer from any of the following? ☐ NO (Please tick if applicable)

Please tick: Any 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	☐ Medications
☐ Allergic Reactions	☐ Recent injury	Other (describe)				

Allergies

Please describe alergy 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?

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.

Signature of Rider

Signature of Legal Guardian (if participant is U/18)

Date:

Privacy Statement – Privacy Act 1998

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

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