



CLIENT REGISTRATION FORM

CONFIDENTIAL – PLEASE COMPLETE ALL SECTIONS

CLIENT DETAILS

First Name:	Surname:
Home Address :	
Postcode:	
Home Telephone Number:	Mobile Number:
E-mail Address:	
Date Of Birth:	Age:
Please provide details of any disability or medical condition which we should be aware of:	
Please detail any allergies/food intolerances we should be aware of:	

EMERGENCY CONTACT DETAILS

First Name:	Surname:
Home Address :	
Postcode:	
Home Telephone:	Mobile Number:

HORSEMANSHIP EXPERIENCE

Complete	<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Novice	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
----------	--------------------------	----------	--------------------------	--------	--------------------------	--------------	--------------------------	----------	--------------------------

Please describe your horsemanship experience:

Have you had any significant horse-related incidents/accidents in the past?

YOUR EXPECTATIONS

What are your expectations of The White Unicorn Project CIC?

What are your goals within the next 6 months and beyond?

Where did you hear about The White Unicorn Project CIC?

NAME/SIGNATURE

I confirm that to the best of my knowledge all the above details are correct.

Print Name:	Signature:	Date:
-------------	------------	-------

If signing on behalf of a person please state relationship to person:

I understand and acknowledge that handling horses at any standard, holds potential danger and has inherent risk and that all horses may react unpredictably on occasions.

1. I could be injured when handling horses. I accept that risk.
2. I understand that instructions are given for my safety and agree to follow instructions given to me by staff and instructors.
3. I understand that wearing an appropriate riding hat may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat up to current safety standards whilst handling horses.
4. I understand that staff and Instructors will make decisions based on the information I give and agree to always be honest and volunteer information about my abilities and experience, any previous accidents and any medical condition(s).
5. I understand that children are at particular risk around horses and agree that I will keep any children that I am responsible for, under close supervision when they are not being instructed.
6. By signing this form I understand that the information I have given will be held in accordance with the General Data Protection Act 2018 but that it may be made available to Insurers and other concerned parties in the event of any injury or accident.
7. By signing this form I understand that I must obey the instructions given by staff and instructors and that all Health and Safety requirements must be adhered to.
8. By signing this form I understand that NO liability for injuries sustained whilst handling horses will be the responsibility of The White Unicorn Project CIC.
9. I reserve the right not to handle a horse allocated to me and request a change of instructor.
10. I have read and understand the booking and cancellation policy and agree to abide by it at all times.
11. **Clients aged 16 years and over:** I confirm that the above pre-assessed abilities are correct and I agree that I handle horses entirely at my own risk. **Clients under 16 years of age:** I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct.
12. From time to time, The White Unicorn Project CIC would like to keep in touch with you about our services and events that might be of interest to you. We never pass your details on to any third parties for marketing purposes and you can withdraw your consent at any time by contacting us on: enquiries@thewhiteunicornproject.co.uk / tel: 07584 432935. By ticking the boxes below, you agree that we may contact you by post, email, phone or text for marketing purposes.
 - Post
 - Email
 - Phone
 - Text

NAME/SIGNATURE

Print Name:	Signature:	Date:

If signing on behalf of a person please state relationship to person: