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**Shillingstone & District Riding Club**

**Membership Application Form**

**(CONFIDENTIAL WHEN COMPLETED)**

I wish to join the Shillingstone & District Riding Club as a**\*Riding / \*Non Riding** member

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr / Mrs / Miss / Ms

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership fees** (subscriptions fall due on 1st July each year, and are valid for 12 months)

|  |  |  |  |
| --- | --- | --- | --- |
| **New Riding member** | **Existing Riding member paid before 1st July ‘2018** | **Existing Riding member paid after 1st July 2018** | **Non-riding member** |
| **£25** | **£23** | **£25** | **£18** |

**Please indicate your interests\***

Dressage - Show Jumping - X-Country – Trec – Hacking – Horsemanship - Instruction - Other

**Are you happy for photographs of yourself/your horse to appear on the Club website\***Yes / No

**The Club website gives details of the clubs GDPR statement – under the about us section**

|  |  |  |
| --- | --- | --- |
| **Horse details** | Horse 1 | Horse 2 |
| Stable Name |  |  |
| Passport Name |  |  |
| Passport Number |  |  |
| Affiliations\* | BE / BS / BD / Other | BE / BS / BD / Other |

**Payment information on second page**

**Signed.................................................................................... Date ........................................**

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**Payment (tick as appropriate)**

* + - Cheque to **Shillingstone and District Riding Club**
		- Bank Transfer to **S&DRC**, acc. **70014482**, sort code **09-01-54** with your **surname** as reference

Please send completed forms to Kathy Westby, Altwood, Winterborne Houghton, Blandford Forum, Dorset, DT11 0PE or by email to kathyandmike@btinternet.com

**Please note that all members partaking in an Area Competition are required to assist at a minimum of one event per year.**

**Please complete the disclaimer form on the next page.**



**THIRD PARTY DISCLAIMER FORM**

I confirm that I have read the Clinic Rules below. I understand that riding at any standard has inherent risk and that I may be injured. I accept that risk and agree that neither the Shillingstone & District Riding Club, Riding Instructor, nor the Venue will be liable for injury or damage to property unless it is caused by their negligence.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Own Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Cover:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinic Rules**

* I have appropriate public liability insurance and must provide evidence of this (schedule/cover note/Membership number).
* Insurance: All Riding Club members are covered by third party insurance. Any one attending the event that is NOT a riding club member, i.e. groom, should take out their own Third Party Insurance. Shillingstone & District Riding Club strongly recommends that all riding club members hold their own personal accident insurance in addition to the insurance cover provided by their BRC membership.
* I understand that riding and being around horses has inherent risk and that all horses may react unpredictably. I accept that risk.
* Correctly secured British Riding Hats BRITISH PAS 015:1998 or 2011 provided they are either BSI Kite marked VG1 01.040:2014-12, EUROPEAN VG1 01.040:2014-12, AMERICAN ASTM F1163:2004a or 04a onwards, alternatively they are SEI marked SNELL E2001 AUSTRALIAN & NEW ZEALAND AS/NZS 3838:2006 onwards provided they are SAI global marked; that meet current Safety Standard MUST be worn by riders at all times when mounted.
* I understand it is my choice whether or not I wear a body protector in the arena. Body protectors are MANDATORY for cross-country jumping – the body protector must be Level 3 2009 (Purple label).
* I understand that it is my responsibility to ensure my tack is in a safe and serviceable condition.
* I understand that I am liable for the cost of any damage caused to property and equipment by myself, my horse, my vehicle, or any person in their party.
* I understand that my instructor will make decisions based on information I give them and I agree to always be honest and volunteer information about: my abilities and riding experience; any previous riding accidents; any medical condition(s) which may affect my ability to ride. It is up to me to ensure that I have the experience and ability to undertake the ridden tasks and to decline any activity which I feel is beyond my capabilities.