New Forest Riding Club Training Entry Form

Clinic name and date:		
Name:	**Member/Non Member** ***Delete as applicable***	**Membership Number:**
Full Address	**Contact Number**	**Email Address**
Age if under 18	**Emergency Contact and Phone Number:**	
Horses Name	**Jumping Height**	**Fee to Pay:** **Method of Payment:**
I have read the below terms and conditions and agree to them, Signed _____ Date _____		

1. All persons attending this clinic, whether participating or as a spectator, do so at their own risk. The Organisers and Landowners do not accept responsibility for any accidents to persons, their animals or property. Entries accepted and admission granted subject to these conditions.
2. All non-members will not be covered by NFRC insurance and therefore should hold their own horse and rider insurance.
3. Hard hats up to current standard including PAS015, ASTMFI1163 or BSEN1384 Standard **MUST BE WORN** whilst mounted (or handling of any horse if under 16 years old). The wearing of gloves is recommended. Back protectors 2009 or 2018 are COMPULSORY for cross country events. Whips and spurs are not to be misused.
4. I will treat the venue with respect and pick up all droppings/hay.

PLEASE EITHER EMAIL OR POST A COPY OF YOUR ENTRY FORM TO AMY BRIDGETT-ROBBINS

amy.Robbins@sparsholt.ac.uk

Address:- Woolbury, Sandydown, Stockbridge, SO20 6BY