



Intake Road
Redlynch QLD 4870

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RIDING APPLICATION

RIDER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE (HOME): _____ (MOBILE): _____

(WORK): _____ EMAIL: _____

HOW DID YOU FIND OUT ABOUT CCHP: _____

I am applying to ride at Crystal Cascades Horse Park and 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 the management/instructors/staff instructions.
- I consent to be evacuated and to the provision of first aid and medical treatment if I am injured or become ill.
- I agree to pay for any such evacuation or provision of first aid or medical treatment.
- CCHP may cancel my ride with out refunding any fee if I do not comply with any of these terms and conditions.
- I understand and acknowledge that horse riding and handling can be dangerous and that **Serious Injury** or **Death** may result from horse riding activities and in particular this ride/lesson. I agree that **I Ride** at my **Own Risk**.

Riding History

1. Riding Ability (please circle the most appropriate description of your current riding ability)

Beginner	<ul style="list-style-type: none"> • Never previously ridden a horse. • No horsemanship or riding skills
Beginner +	<ul style="list-style-type: none"> • Have ridden a few times. • Have not had riding lessons. • Can mount and dismount unaided. • Able to control horse unaided at the walk and trot.
Novice	<ul style="list-style-type: none"> • Have ridden on an irregular basis. • Confident and competent at walk and trot. • Able to maintain a correct basic position at walk and trot. • May be ready to canter.
Intermediate	<ul style="list-style-type: none"> • Have ridden on a regular basis. • Confident and competent at walk, trot and canter. • Able ride on the correct diagonal, ride a variety of school figures (ie figure of eight, serpentine, 10m circle), have the ability to ride smooth up and down transitions and able to work over poles and bending around poles at the walk and trot. • Able to canter and maintain control in the canter. • Able to maintain a correct basic position during all three paces.
Advanced	<ul style="list-style-type: none"> • Competent rider who may have competed in chosen discipline. • Established independent seat. • Able to maintain a correct position during all three paces. • Extensive understanding of what is required to achieve the effective and correct position and movement of the horse. • Accomplished in riding upwards and downwards transitions, shortening and lengthening of stride and basic lateral work (ie. leg yielding and turn on the forehand).

2. The number of times you have ridden in the last 12 months. _____



Riding Experience

Please describe below the riding activities that you have previously participated in:

Riding Needs

Please describe below what you would like to learn in your sessions at CCHP:

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the proprietors of Crystal Cascade Horse Park to the greatest extent allowed by law in the event of me and/or the child/children under my care, suffering injury or death.

I acknowledge that Crystal Cascades Horse Park relies on the information provided by me and I state that all the information is accurate and complete.

SIGNED _____ (APPLICANT) _____ (DATE)

Privacy Statement – Privacy Act 1998

By completing this form you are supplying Crystal Cascades Horse Park with personal information about yourself. This information is needed to ensure your safety during your time with us. Crystal Cascades Horse Park 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 organization or used for any other purpose than that which is stated above.



MEDICAL HISTORY (CONFIDENTIAL)

The following information is intended to assist CCHP in case of any emergency with you/your child.

Name and Telephone numbers of contact people

Emergency Contact Name	Relationship to rider	Home No.	Work No.	Mobile No.

Please circle if you/your child suffer from any of the following: YES / NO

Any pre-existing medical or other condition that may affect the rider or put other people at risk:

- | | | | |
|-------------------------|-------------------------|----------------------|---------------------|
| Asthma | Epilepsy / Fits | Fainting / Dizziness | Blackouts/Migraines |
| Intellectual Disability | Heart / Blood Condition | Back Problems | Pregnancy |
| Uneven Pupils | Recent Injuries | Medications | Diabetes |

Other _____

Height: _____ Weight: _____

Allergies: YES / NO

Describe: _____

Describe Reaction: _____

Tetanus Immunisation

It is particularly important that people dealing with horses are immunized 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 immunization: _____

Medication

Is it necessary for the rider to carry their own medication at all times? **YES / NO**

If YES please complete the following: Name of Drug: _____

Dosage: _____ Frequency: _____

Consent to Medication Attention

I authorize the instructor in charge to administer first aid and call an ambulance if necessary for the medical attention of myself/my child. I agree to bear any cost thereby incurred.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(if applicant under 18 years of age)

Name of Parent/Guardian: _____

LESSON TERMS AND CONDITIONS

1. Lessons are available 5 days a week. Generally 1:00pm-8:00pm Monday and Thursday, 1:00pm-6:00pm Friday, 8:00am-5:30pm Saturday and Sunday. We are closed Tuesdays and Wednesdays.
2. Bookings are essential. **We require full payment at the time of booking.** We encourage regular clients to pay by direct debit. Account Details: BSB 064804 Account No: 13291710 please include your surname as the deposit reference. Credit card, cheque or cash are acceptable.
3. All riders **MUST** complete and sign a Riding Application form. Riders under 18 years **MUST** have a parent/guardian complete and sign the application.
4. All riders **MUST** wear long pants, enclosed shoes (ie boots or runners), sleeved shirts (no singlets or halter tops).
5. **Cancellations within 48 hours of a scheduled lesson will be subject to a 100% cancellation fee.** There will be no exceptions so to avoid being offended, please do not ask for a waiver. To protect all future bookings, any cancellation fees are required to be paid prior to next lesson. Please remember that even if you didn't show up for your lesson, your instructor still did.
6. Cancellation by CCHP due to safety conditions such as extreme wet weather, high winds etc will result in either a full refund or a replacement lesson being offered on another day.
7. For safety and welfare reasons CCHP has a maximum weight limit of **95kgs**. Please be aware that our maximum weight limit may be lower than 95kgs and is subject to variation on a daily basis according to which horses are available for work on the day that you attend. In addition to a person's weight, whether we have a horse available for you, depends on the rider's height to weight ratio, riding experience, general muscle tone and fitness level. As such CCHP is unable to guarantee that a suitable horse will be available for you on the day of your lesson.
8. If a rider conducts themselves in a manner that is considered to be injurious or prejudicial to the character or interests of CCHP, its management, staff or customers, or fails to comply with the facility's rules and regulations their lesson will be terminated, no refund will be made and they will be escorted from the facility.
9. Uncontrolled riding is **NOT** permitted.
10. CCHP will provide you with an AS/NZS3838 helmet which must be worn at all times.
11. Remove and leave all loose jewellery at home. Wristwatches and stud/sleeper type earrings are allowed.
12. Smoking is prohibited on CCHP premises.
13. Under no circumstances shall riders take part in a lesson under the influence of alcohol or drugs, unless the drugs are prescribed by a doctor. Riders must include any prescription drugs they are taking on their application form.
14. Riders must ensure that they wash their hands with soap and running water following contact with the horses, tack, feed, manure, etc prior to leaving CCHP.
15. Blast Policy - CCHP is located adjacent to the Boral Quarry on Intake Road. This quarry is fully operational Monday to Friday 6.00am to 5.00pm and Saturdays generally 6.00am to 1.00pm. As part of the operations of the quarry regular blasts are carried out to expose more material. The quarry operators (Boral) are required to notify CCHP of the date and time of each blast, generally several hours prior to the blast. In order to ensure the safety of customers and staff **no-one is to be mounted at the time of the blast.**

I understand and acknowledge the conditions associated with participation in the riding school program as outlined in the Terms and Conditions above.

SIGNED _____ (APPLICANT) _____ (DATE)