



**Gold Coast Equestrian Centre**  
 212 STEWART ROAD CLAGIRABA 4211 GOLD COAST QLD AUSTRALIA  
[gcequestinfo@gmail.com](mailto:gcequestinfo@gmail.com) Phone : 0449 294 729  
[www.goldcoastequestrian.com.au](http://www.goldcoastequestrian.com.au)



## Confidential Riding Application and Medical History Form

Riders name :  D.O.B :  Over 18 ( check box )

Contact Numbers :

Physical address :

PO BOX :  EMAIL :

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.
- The number of times the rider has ridden in the past 12 months :

Indicate below the number of times the rider has ridden in total:  
 0 – 10 : Little experience  10 – 20 : Some experience  50 – 100 : Experienced  100 + Very experienced

In case of any emergency the following information is intended to assist :

**Name and telephone numbers of contact people.** Legal guardian details must be provided if rider is under 18 of age.

Emergency contact name	Relationship with rider	Mobile	Home Phone	Work Phone

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

Please describe

**Photograph permission** : I allow permission for any photograph taken of me / my child at Gold Coast Equestrian Centre or any GCEC event or activity to be used by Gold Coast Equestrian Centre for the purposes of demonstration, promotion and other uses for the benefit of the business and its students. I understand that these uses include but are not limited to, GCEC newsletter, website, facebook page, advertising and visual aids for lessons.

I have read and agree to GCEC Terms & Conditions as per website.

Do you ( or your child ) suffer from any of the following ?  please tick if applicable

Please tick : Any pre-existing medical or other condition that may affect or risk other person or myself

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fainting	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Disability	<input type="checkbox"/> Back injury
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Blood condition	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Migraines	<input type="checkbox"/> Uneven Pupils	<input type="checkbox"/> Medications
<input type="checkbox"/> Allergic reactions	<input type="checkbox"/> Recent Injury	OTHER ( describe )			

Allergies / Please describe allergy 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 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 or legal guardian (if under 18) :** \_\_\_\_\_