Please complete the Equine Facilitated Learning Registration and Covid 19 declaration forms (please read in full)



Equine Facilitated Learning Registration Form (please read)

Tullynewbank Stables provides Equine Facilitated Learning programmes incorporating a variety of activities with horses. Horses are large animals and can be unpredictable. Each participant can choose the level of his or her participation; however, it is essential that you discuss, in confidence, any relevant medical history with the Instructor

Correspondence by email

Tullynewbank Stables Ltd / Team Build Ireland Ltd, we will not share your details

Medical Information

Let us know if you have any medical condition or dietary conditions or requirements. If you do please discuss in confidence with your Instructor

Photographs

If we take photographs they will possibly be used for marketing purposes

Acceptance of Responsibility & Parental Approval

I understand that horses are large animals, they can be unpredictable in their behavior therefore there may be a risk involved in Equine Facilitated Learning. In the event of an emergency the facilitator will provide first aid and/or seek emergency medical care or hospitalization, as appropriate. It is a condition of participation that minors under 18 must have parental approval.

Full name:			
Address:			
DOB:	Tel:	Email:	
Please select the options rela (If you have any questions plea	n ted to you use discuss in confidence with yo	our Instructor)	
O Yes I have a medical conditi	on		
O Yes I have dietary requireme	ents		
O Do you consent to photographs being taken and possibly used for marketing purposes?			
○ I am under 18 years of old (t is a condition of participation	that minors under 18 must ha	ave parental approval)
O I am a parent / carer and consent to my child taking part in the Equine Facilitated Learning programmes activities			
O I have read Covid-19 declar	ation below and understand the	risks (please read in full belo	ow)
		1	
Participant (over 18) / Parent Signature:			Date:
In the event of injury or illn full name, relationship and c	ess, please give contact detail ontact telephone number	s of next to kin:	