

HORSE TRAIL RIDING GUIDE CHECK LIST – DATE OF RIDE:

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| NAME & ADDRESS OF CLUB: | |
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| NAME & CONTACT DETAILS OF OFFICIAL ORGANISING RIDE | |
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TRAIL GUIDE / PCA COACH DETAILS

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| NAME: MYPONYCLUB ID: MOUNT NAME: PCA ACCREDITATION: I have read the Horse Trail Riding Guide ¹Signed | NAME: MYPONYCLUB ID: MOUNT NAME: PCA ACCREDITATION: I have read the Horse Trail Riding Guide.....Signed |
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ASSISTANT TRAIL GUIDES DETAILS:

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| NAME: | NAME: | NAME: |
| MYPONYCLUB ID: | MYPONYCLUB ID: | MYPONYCLUB ID: |
| MOUNT NAME: | MOUNT NAME: | MOUNT NAME: |

| | |
|------------------------------------|---------|
| Gear check performed: Date & Time: | Signed: |
| Any comments: | |

TRAINED FIRST AID PERSONNEL DETAILS: **FIRST AID ACCREDITATION LEVEL:**

RIDING PARTICIPANTS – RIDER NAME, HORSE NAME & CONTACT PHONE NUMBER FOR GUARDIAN

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Tick which of these applies:

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|---|--------------------------|---|--------------------------|
| Support vehicle to be used | <input type="checkbox"/> | Risk assessment undertaken | <input type="checkbox"/> |
| Trail ride will consist of road crossing | <input type="checkbox"/> | Planned route left with the club | <input type="checkbox"/> |
| A first aid kit for riders will be carried | <input type="checkbox"/> | A first aid kit for horses will be carried | <input type="checkbox"/> |
| Ride has a spare headcollar and lead rope | <input type="checkbox"/> | Permission from landowners obtained | <input type="checkbox"/> |
| All participants notified of the rules | <input type="checkbox"/> | Participants wearing high visibility clothing | <input type="checkbox"/> |
| Communications to be carried to access emergency services | <input type="checkbox"/> | Club has recorded activity in meeting minutes | <input type="checkbox"/> |

INCIDENTS OR OTHER NOTES: Ensure you complete an accident report form and forward to club DC

¹ Copy of Horse Trail Riding Guide available on PCT website
 Checklist to be retained by club and minuted at next meeting following trail ride.