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### On Site – Individual Consent Form CONFIDENTIAL

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| **Name:** | Date: |

**Details of Proposed Event – Viewpoint Centre (VC)**

You or your child are invited to participate in a practice-based learning activity using natural horsemanship techniques. For the purposes of this document we will refer to you or your child as ‘The Participant.’ Most of the activities will take place on the ground (unmounted), short periods of riding at walk may or may not be offered during the course (riding hats will be provided and must be worn for all mounted activities).

### Place

The activity will take place at Viewpoint Stables, Moons Lane, Dormansland, RH7 6PD. Please contact 0300 772 9692 if you have trouble finding us.

### Please note our premises are under 24 hour CCTV video surveillance

### Acknowledgement of Risk

This event may pose additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level. We have appropriate insurance, you may wish to arrange your own additional insurance.

### Safety

Participants will be supervised throughout the course and are expected to take direction and behave in a responsible manner. Details of planning and risk assessment are available on request.

Comfortable jeans, trousers or joggers should be worn, safety boots will be offered.If riding is offered then we insist that participants wear appropriate protective hats which we will provide and check. In line with our risk assessment protective hats or gloves are not compulsory for unmounted work. If the participant prefers additional safety wear, please detail your needs here:

**Medical**

If the participant suffers from hay fever or an allergy to horses then please bring appropriate medication with you and advise TheHorseCourse staff on arrival. Please detail here any other health needs that you would like us to know about:

### Privacy Notice

Viewpoint Centre controls data in accordance with the Data Protection Act 1998 and GDPR 2018. The purpose of this form is to obtain your consent as a participant (or their parent/carer for under 16’s) to take part in the proposed event and for our ongoing use of data as specified below. Our Data Protection Policy is available on request, detailing retention periods and rectification processes. You can ask to see, correct or delete your data at any time. We will never sell your data or share it with anyone for the purpose of sales or marketing. We do need to share your personal data (including health data) with referring / relevant professionals. We store data for 5 years in case participants are re-referred to our service.

### Consent for Activity

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| --- |
| I confirm that the participant is in good health and fit to participate and agree to inform the staff if that changes. I understand that whilst every reasonable care will be taken, the service and its staff cannot beheld responsible for damage to or loss of property whilst taking part in this activity. I give consent for the participant to:1. Participate in the activities.Receive emergency medical treatment if necessary.

Travel by any motor vehicle driven by a suitably qualified person at the discretion of staff.Follow any rules and instructions given by staff. **YES / NO** |

### Photos and Videos

I consent to Viewpoint Centre taking, storing and sharing photos or video of the participant for the following purposes:

1. To produce prints or digital photos for me to take home. **YES / NO**
2. To record a short film for a Horsemanship Assessment. Copy sent on a memory stick via referrer within a short period of time of course end. **YES / NO**
3. For promotional/publicity purposes. Photos/videos may be used by VC in print or digital form, including on social media
in compliance with VC's media policy. **YES / NO**

### Use of data

I consent to Viewpoint Centre collecting, processing, storing (we store data for 5 years in case of participants being re referred for services) and sharing personal data (including health info) about the participant for the following purposes:

1. To share case notes with my referral/care professionals **YES / NO**
2. To retain and analyse case notes for quality, monitoring and evaluation purpose **YES / NO**
3. For VC or University researchers to contact me for further follow up **YES (within 10 years) / YES (within 5 years) / NO**

I am happy to receive marketing, fundraising emails and progress reports.

**Email:**

**Signed, Participant: Signed, Parent/Carer if under 16:**

**Date: Relationship, if signing for young person:**

**Emergency contact name & number during the course:**