

TRAINING AGREEMENT

Blair Lonneke Owner, Trainer

1. EFFECTIVE DATE:

2. PARTIES TO AGREEMENT: Trainer Blair Lonneke

Horse Owner _____

3. COVERAGE: This agreement covers all horse related activities between the parties. It also covers all horses involved, family, friends, and assigns.

4. REQUIREMENTS: Owners Horses shall be presented in a healthy and sound condition. Worming and current vaccinations will be required at the Owners expense. Teeth should be floated. The Trainer reserves the right to refuse horse if not in proper health.

5. SPECIFICS OF HORSE:

6. FEES: \$ _____ Includes training full care during training. Due in advance each month, No bill will be sent. Invoice will be provided before hand and after completion.

7. ADDITIONAL EXPENSES TO OWNER: Ferrier, Vet, medicines, teeth floated, and pickup and delivery charge, PayPal fee if paying via PayPal, square fee if paying with square.

- Shoeing \$75 - \$150 depending
- Trims - \$45
- Veterinary Care Billed to owner:

Shots/Worming/Vaccinations/Medications- billed to owner at cost of the medication
Coggins/Emergency Vet service/Other-Billed to owner plus service fee.

Mailing Address: _____

Phone Number: _____

8. **TRAINER RESPONSIBILITY:** To take reasonable care of the horse and seek vet assistance if necessary. To secure Ferrier care as needed. Trainer has complete control on training decisions, including but not limited to: involving other trainers, other locations, trailering, and using trails off the premises. Desired results are agreed upon between Trainer and Horse Owner, but are not guaranteed.

9. **HORSE OWNER RESPONSIBILITY:** To present horses in the above stated healthy condition, pay training fees monthly in advance, promptly reimburse trainer for all additional expenses within 30 days of notice. Non-compliance by Horse Owner to pay expenses shall release ownership of said horse to Trainer.

10. **HOLD HARMLESS:** Both parties agree to hold each other harmless for any damage or injury caused by said horse, present and future, for any horses involved in the training. Horse Owner shall bear all risk of loss from death or harm to their horse.

11. **EMERGENCIES:** In the event of sickness and/or accident to the horse, after efforts have failed to contact the owner, trainer has permission to contact the veterinarian for treatment, and all expenses are to be paid for by Horse Owner in timely manner.

12. **REQUIEMENTS:** All riders must sign a release of liability.
A current negative Coggins test is required.

If the horse's owner is a minor, a parent or guardian responsible for payment of charges must sign these agreements.

All horses in training must have contract, and payment in full on file prior to check-in. Horses coming in without the above will not be accepted. No exceptions.

Payments are to be paid monthly on time or late fees will be added.

Horses will not leave premises until full payment is received and paid.

After 30 days of none payment horse owner gives up rights and ownership to the trainer, unless prior arrangements have been made.

Owner Signature _____

Phone# _____ Date _____

Mailing Address: _____

Trainer Signature _____

Phone# _____ Date _____

Five Point Horse Training
5963 Road 10, Goodland KS 67735
(303)968-7345
Waiver for Equine Activity

I _____ fully understand that horseback riding and working around horses can be dangerous. I also fully understand that riding or working around horses can lead to injury or even death.

I hereby hold Blair Lonneke with (Five Point Horse Training), harmless and not responsible for any injuries whatsoever that may result from my use of their horses or mine, or any animals supplied by them. I also understand that they have taken every precaution to ensure that the animals they provide are safe for my use. However, I understand that horses are large animals that may, by nature, be easily frightened and are unpredictable, and that I am using them at my own risk. Further, I will not make any claims, now or in the future, for any injuries sustained while riding or working near their horses or mine.

DATE: _____

Name: _____

Address: _____

City, State, ZIP Code: _____

Signature: _____