

SPRINGHILL STABLES BOARDING CONTRACT

Owner's name: _____ Date: _____

Address: _____ Phone days: _____

City, State, Zip: _____ Phone eves: _____

Horse's Name: _____ Breed: _____

Color: _____ Sex: _____ Age: _____ Reg.# : _____

Markings: _____

Dates of Last Immunizations: VEWT/EWT FluVac: _____ Rhino: _____ Westnile: _____

Other(type/date): _____ Wormer (type/date): _____

Special Care: _____

OWNER'S AGREEMENT

I understand all board must be paid monthly and in advance. Failure to comply with this or removal of horse(s) without payment of any accrued balance owed shall constitute a breach of contract and an automatic lien on the animal(s) in favor of the stable owner. A 30 day notice is required prior to removal of horse. Horse may not be moved until any fees owed are fully paid. A \$25 fee, per month, may be imposed if board is more than 30 days late. If it becomes necessary to impose a late fee, future late fees will be imposed if board is more than 10 days late.

This horse, to the best of my knowledge, has not been exposed to any contagious or infectious disease for two weeks prior to boarding.

I understand that unavoidable risks are inherent in all horse related activities, including but not limited to bodily injury and physical harm to horse, rider and/or spectator. I also agree to hold harmless and indemnify Liz or Jerry Couzin, Springhill Stables, (located at 5368 Springhill Dr. Albany, Or. 97321) and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I have read the rules associated with Springhill Stables and agree to abide by them. If I have any questions, I promise to ask!

I hereby consent to any medical treatment deemed advisable in an emergency.

My Veterinarian is: _____ Phone: _____

Address: _____

If you are not able to contact the above veterinary, I consent to treatment of my horse(s) by the stable management or stable veterinary. I understand all charges thus incurred will be billed to me.

Every precaution is taken to protect the horse from illness, accident, fire, and theft. The stable owner and/or stable management assume no responsibility for accident, illness, fire or theft.

I understand training, lessons, shoeing, veterinary services, hauling and any other expenses are additional costs and will be billed accordingly.

The monthly board will be \$ _____, payable on or before the _____ of each month.

OWNERS SIGNATURE: _____

The above horse will be boarded in: ___ box stall, ___ box stall w/paddock, ___ pasture, ___ other

The following rations will be fed: Hay- grass: _____, alfalfa: _____ Grain: _____ Supp: _____

Horse arrived on: _____ Management signature: _____

SPRINGHILL STABLES - LIZ & JERRY COUZIN, OWNERS
5368 NW SPRINGHILL DR., ALBANY, OR 97321
(541) 928-8943

OWNERS HOLD HARMLESS AND INFORMATION FORM

Boarder/Horse Owner(s): _____
(If more than one owner, this form must be completed and signed by both)

Horse #1 Information:

Name: _____ Breed: _____ Age: _____ Sex: _____

Color and Markings: _____

Horse #2 Information:

Name: _____ Breed: _____ Age: _____ Sex: _____

Color and Markings: _____

Horse #3 Information:

Name: _____ Breed: _____ Age: _____ Sex: _____

Color and Markings: _____

Veterinarian: _____ Phone #: _____

Alternate Veterinarian: _____ Phone #: _____

In consideration of the above named Stable and its Owners, acceptance of the above described horse(s) for boarding, the above named boarder/horse owner(s) **hereby releases:**

The above named stable, the owners of the property on which the above named stable is located, including their: a) officers, directors, owners and managers; b) agents, employees; c) successors-in-interest and predecessors, **from and liability for:** 1) loss or illness of or damage or injury to the above named horse(s); 2) loss or damage to the above named horse(s) equipment, or; 3) bodily injury or property damage arising out of the boarding, or; 4) any consequential damage or loss of use of the above named horse(s).

The above named owner(s) also: 1) certify that no person or entities not named in this form, holds any ownership or similar interest in the above described horse(s); and 2) assumes all responsibility arising out of the failure to list any owner(s) not named in this form; and 3) authorizes the above named stable or its agents, at the horse owners risk and expense, to secure the services for the above named horse(s) of the above named Veterinarian or another Veterinarian if they are not available and in the judgment of the stable or its agents, such services are needed.

Signatures of Horse Owner(s):

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Note: This form may restrict your legal rights. If you are concerned about any information contained in this or any other form used by Springhill Stables, you should obtain proper legal advise before signing.

SPRINGHILL STABLES - LIZ & JERRY COUZIN, OWNERS
5368 NW SPRINGHILL DR. ALBANY, OR 97321
(541) 928-8943

LIABILITY WAIVER - REQUEST AND RELEASE

I, for myself, or on behalf of a minor child for whom I am a parent and/or legal guardian, hereby request permission of the above named Stable and its Owners to participate in horse riding and handling activities to be held on the Premises.

I have inspected the Premises and I know the risks and dangers involved in such activities as expected as well as unexpected danger may arise during such activities and I assume all risks of injury to my person and property that may be sustained in connection with any activity conducted in and about the Premises.

In consideration of the permission granted to me above, I hereby, for myself, my heirs, administrators and assign, and if I am a guardian of a minor, for such minor, his heirs, administrators and assigns, hereby release and discharge the owners and operators of the Premises and their respective agents, officers and causes of action of any sort for whatever reason, including without limitation, negligence of his officers and officials.

I represent and certify that I am 18 years of age or older. I certify that my attendance and participation in the stated activities is voluntary and that I am not in any way the employee or agent of the owners, operators, or sponsors of the Premises and the activities therein.

I HAVE READ & UNDERSTAND THE FOREGOING REQUEST & RELEASE.
IN WITNESS WHEREOF, I HAVE EXECUTED THE REQUEST & RELEASE.

Please Print Legibly.

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

(If husband and wife, both must sign above.)

Guardian of : _____

(List any children/minors who may come out with you. Please also list ages of minor children.
If not your child, their parent/guardian must complete and sign a form.)

MEDICAL RELEASE

I hereby authorize the Stable, its Owners, their agents, managers, and employees to authorize medical treatment by a licensed physician or hospital, for myself, and/or my child in the event of an accident of injury, if they are unable to contact the person designated to be contacted in case of an emergency with reasonable speed, or if they reasonably believe the circumstances do not allow time for such contact.

I HAVE READ & UNDERSTAND THE FOREGOING MEDICAL RELEASE.
IN WITNESS WHEREOF, I HAVE EXECUTED THE MEDICAL RELEASE.

Signature of Rider, Horse Owner, or Boarder: _____

Signature of Parent or Guardian for a Minor Child: _____

Dated this _____ day of _____, 20_____.

SPRINGHILL STABLES - LIZ & JERRY COUZIN, OWNERS

Please complete the following information:

Name: _____

Address: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Emergency Contact Person & Telephone #: _____

Alternate Emergency Contact Person & Telephone #: _____

List Allergies for any Rider or Spectator on Premises: _____

List Health Insurance Info. (Company, Policy #, etc.): _____

If unable to contact any of the above, please indicate by circling either **yes** or **no**, if 1) we may transport to the hospital (for minor injuries), or 2) contact an ambulance to transport. 1) yes no 2) yes no

Please describe vehicles driven to Springhill Stables, including color, make, & model: (this is for identifying purposes only - ie: red, Honda Civic...): _____

The following applies if under the instruction of a trainer at Springhill Stables:

The Undersigned assumes the unavoidable risks inherent in all horse related activities, including but not limited to bodily injury and physical harm to horse, rider, and spectator.

In consideration, therefore, for the privilege of riding and/or working around horses at Springhill Stables, located at 5368 NW Springhill Drive, Albany, OR., the undersigned does hereby agree to hold harmless and indemnify Liz or Jerry Couzin (owners) and _____, trainer, and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

Printed Name: _____ Signature: _____ Date: _____

Type of lessons desired (ie: Dressage, Jumping, Hunter, Western, etc.): _____

Approx. # of lessons per week: _____ Approx. Days and Times: _____

Name of Horse used for lesson: _____ Alternate Horse: _____

If horse is not owned by student, please list owner(s): _____

If horse is owned by student, please provide the following: Breed: _____ Age: _____ Sex: _____

(Please note that all outside horses **must** be current on vaccinations and worming prior to riding here.)