 ***Simpson Equestrian Center***

***Name of Horse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Owner’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Social Security#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Work Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Boarding and/or all other charges will be billed the first of each month via email and is due and payable upon receipt of the statement. Check made payable to: Simpson Equestrian Center 441 Knob view rd. Russell Springs KY 42642***

***Boarding fees are $ \_\_\_\_\_\_\_\_\_per day/month for pasture and $\_\_\_\_\_\_\_\_\_\_\_per day/month for stall.***

If the owner(s) remove their horse without giving a 30 notice, then the Owner(s) agree to pay for the full month of board, which will be due BEFORE the horse is removed from the property of Simpson Equestrian Center.

Owner agrees to hold harmless Simpson Equestrian Center, Nichole Simpson, Chad Simpson, Deborah Larsen, Simpson Equestrian center staff, and /or their heirs for any injury, illness or death of above-named horse while in their care and/or custody.

Owner also agrees to hold harmless Simpson Equestrian Center, Nichole Simpson, Chad Simpson, Deborah Larsen, Simpson Equestrian center staff, and/ or their heirs for any injury illness or death of above any person or persons during the visitation, handling or riding of said horse.

The owner will bear any veterinary expense(s) of the horse and will become due and payable when you receive a statement from the veterinarian, all fees paid by Simpson Equestrian Center will be reimbursed within 15 days from service.

In case of delinquency in payment by ten (10) days after due date, Simpson Equestrian Center will have the right to immediately sell the horse at the best possible price and terms. The proceeds of the sale will first be applied to the charges due to Simpson Equestrian Center, and any costs of the sale, advertising, etc. If any charges are still due the owner(s) of the horse will be liable for the same and payment made to Simpson Equestrian Center immediately. Owner(s) also agrees to pay any and all legal costs should any occur.

While the horse is pastured and/or stabled at Simpson Equestrian Center, no one is allowed to ride off the property and into neighborhood. Owner(s) are fully responsible for their children. If the owner(s) of a horse stabled or pastured at Simpson Equestrian Center allows some to ride their horse without first signing a Hold Harmless Agreement, the owner agrees to hold Simpson Equestrian Center Nichole Simpson, Chad Simpson, Deborah Larsen, Simpson Equestrian center staff, and/or their heirs harmless for any accident, injury or lawsuit involved in the incident.

Owner(s) and their family and/or children agree not to go around, pet, open stall doors, that are not their names horse.

No smoking or alcoholic beverages are allowed on the property.

Owner(s) are allowed on the property 7am to 7pm any other time will need prior authorization from Simpson Equestrian Center.

Simpson Equestrian Center will have modified responsibility’s on Major Holidays (New Year’s Day, Easter, Thanksgiving and Christmas)

The Signing of this agreement gives Simpson Equestrian Center authorization to run and current credit report at the owner’s expense and will be add to the first statement.

Owner Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SIMPSON EQUESTIAN CENTER REPRESENTIVE***

***PRINT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE STARTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***