

GREYSTONE FARMS

Sharer Dale

803.522.3648

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TRAINING AND BOARDING AGREEMENT

This agreement is made _____(date), between **Greystone Farms** ("GSF"), located @ 510 Maxwell Rd, Aiken, SC 29803 (facility), and _____, (referred to as "horse owner.)/boarder) and, if owner is a minor, Owner's parent or guardian _____.

Agreement to Commence on _____ (date) and end on _____ (date), or TBD...

Name and Description of Horse: (if multiple use back page)

Registered Name: _____

Barn Name: _____

Breed: _____

Age: _____ Color: _____ Height: _____ Sex: _____

Any medical history or behavioral traits that should be noted:

Is the animal(s) insured? _____ If so with whom: _____

Contact Name / # _____

Insurance:

It is the owner's responsibility to carry full and complete insurance coverage on Owner, Owner's horse and all personal property. Owner agrees to abide by all GSF rules and regulations and wear proper safety equipment designated for each discipline.

Boarding:

Owner shall pay GSF for boarding services in the amount of \$ _____ per month, per horse. Services included in this cost are outlined below. Additional charges apply for services outside the scope of this agreement, and a list of the fees are attached. Boarding services covered in this agreement include daily stall cleaning, grain, hay, shavings, blanketing, and turn-out when conditions allow.

Boarding is due at the beginning of each month, or upon arrival. Any balance not paid by the 10th of the month will be subject to a \$50.00 late fee. Additionally, any balance not paid within 30 days is also subject to an interest charge of 1.5% per month. There is a \$35 fee for any returned check. A security deposit is required in the amount of \$ _____/horse, refundable upon departure of animal, less any damage caused by the animal(s).

Health / Practitioner Care:

Owner is responsible for the arrangement and payment of veterinarian and farrier attention, and shall be invoiced directly by the practitioner. In the event of sickness or injury to a horse, GSF will make every attempt to contact the Owner. If unable to contact the owner in a reasonable period of time, GSF has the right to arrange care on behalf of the owner, and at the owner's cost. Routine Services:

Vaccinations, worming, or services such as Equine Dentist will be arranged through “barn” Vet, payment responsible by Owner in a timely fashion.

Horses must be free from infectious, contagious or transmissible disease. Owner must provide a current negative Coggins test, health certificate, and worming and immunization records prior to boarding with GSF, and annually thereafter.

GSF reserves the right to notify the owner within seven (7) days of horse’s arrival if, in GSF’s opinion, is deemed dangerous, sick or undesirable for a boarding stable. In such cases, Owner is responsible for removing horse within seven (7) days and for all fees incurred during horse’s stay. After all fees have been paid, this contract is concluded.

Training Fees:

All horses must be accompanied by an initial security deposit of \$____, per horse. Monthly training is billed at a rate of \$____ per month, billable on the first of each month. Any balance not paid by the 10th of the month will be subject to a \$50.00 late fee. Additionally, any balance not paid within 30 days is also subject to an interest charge of 1.5% per month. There is a \$35 fee for any returned check. See attached “training” fee schedule.

Right of Lien:

GSF has the right of lien as set forth in the law of the State of South Carolina for the amount due for all fees associates with services performed. GSF shall have the right, without process of law; to retain said horse(s) until the indebtedness is paid in full.

Release and Hold Harmless:

All parties understand that participation in equine activities must be considered a “Risk” sport to both horses and people. Due to the unpredictable nature of horses, serious injuries can and do occur, including catastrophic injuries and even death. In consideration of the privilege of participating in all equine activities at any facility leased, sub-contracted or owned by GSF, the undersigned does hereby agree to assume all risks inherent in all equine related activities, including but not limited to the bodily injury, death and physical harm to property including the horse and equipment. The undersigned further agrees to hold harmless Sharer Dale, or any associates, contracted laborers, assistants, property owners or lessors, from any liability, claims or causes of action for death, damage, injury, illness or any other harm to person, animal or property, and agrees to indemnify GSF and all associates from any claims made by any member of the undersigned’s family or spectator brought to the property. Such release is intended to waive any and all liability of GSF of what ever kind and nature, including but not limited to negligence, gross negligence, willful misconduct, faulty equipment of any kind and failure to correctly determine the ability of the undersigned, or any member of his/her family or other person brought to the property, to engage safely in any equine activity.

WARNING: UNDER THE SOUTH CAROLINA EQUINE LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPATE IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

Transportation:

Owner agrees to pay for any damage cased by his/her horse while being transported by GSF, or those contracted by GSF on behalf of the Owner, beyond normal wear and tear to the trailer. See attached price schedule for shipping.

Horses in training are schooled on an average of five days per week. Barn is CLOSED Mondays – no riding or unnecessary barn activity. Barn hours will be posted – please be respectful that this IS OUR HOME. Horses will be turned out (weather permitting) & stalls cleaned 7 days/wk

Owner: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____ (relationship)

I have read, understand and agree to all of the above:

Signature: _____ Date: _____

Other horse/s Information

Name and Description of Horse: (if multiple use back page)

Registered Name: _____
Barn Name: _____
Breed: _____
Age: _____ Color: _____ Height: _____ Sex: _____

Any medical history or behavioral traits that should be noted:

Is the animal(s) insured? _____ If so with whom: _____

Contact Name / # _____