

TRAINING AGREEMENT

JUSTIN W. DUNN

Trainer

EFFECTIVE DATE: _____

PARTIES TO AGREEMENT: Trainer _____

Horse Owner _____

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

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

SPECIFICS: See page 2 for description of a specific horse and description of training for that horse.

FEES: \$_____ Includes training and board during training. Payment due in full upon effective date.

ADDITIONAL EXPENSES TO OWNER: May include grain and supplements, Farrier, Vet, vaccinations, medicines, teeth floated, and Trailing.

TRAINER RESPONSIBILITY: To take reasonable care of the horse and seek vet assistance if necessary. To secure farrier care if 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.

HORSE OWNER RESPONSIBILITY: To present horses in the above stated healthy condition. To pay training fees as agreed upon. To 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.

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.

EMERGENCIES: In the event of a sickness and/or injury 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 by Horse Owner in timely manner.

VETERINARIAN _____

PHONE# _____

DESCRIPTION OF HORSE IN TRAINING:

Name _____ Breed _____

Age _____ Color _____

Sex _____ Gelding _____

Vices and Problems _____

Disposition _____ Ties? _____

Teeth floated _____ Date last wormed _____

Vaccination dates _____

Is the horse for sale? _____

TRAINING DESCRIPTION FOR THIS HORSE:

SIGNATURES:

Trainer _____ Date _____

JUSTIN W. DUNN

Horse Owner _____ Date _____

Signature

PRINT NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE# _____

WARNING

“Under North Carolina law, an equine activity sponsors or equine professional is not liable for any injuries to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities”.

JUSTIN W. DUNN 910-929-0359