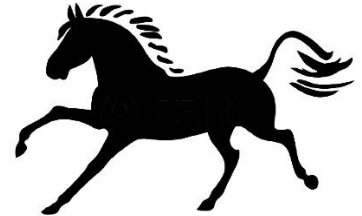


Freedom Ranch



BOARDING AGREEMENT

This agreement, for good and valuable consideration receipt of which is hereby acknowledged, dated the _____ day of _____, 20____. _____ (property owner's name) is providing services as an independent contractor, located/ residing at 311216 Hwy 571 Earlington On, hereinafter referred to as "Crystal".

Boarder _____ (boarder's name) from _____ (residing location) are entering into this _____ AGREEMENT.

1. FEES AND TERMS

In consideration of \$ _____ for each horse per month, paid by owner prior to services rendered, in advance of the first day of each month, owner agrees to board the herein described horse(s) on a month to month basis commencing _____, 20____ for a minimum duration of 6 months. _____ Please initial here.

LATE FEES: Boarding fees paid after the 7th day at 6pm of the current month due will be subject to a late fee of \$25.00 with no exceptions.

Chores verbally agreed upon between Crystal and boarder will be banked time at a rate of \$15 per hour, to be deducted from the upcoming month of board. Example: 10 hours worked in March will be deducted from April board which is due by April 1st.

_____ Please initial here.

Extra monthly fees (per occasion):

Blanket change \$10

Fly mask \$5

Feeding grain \$5

Hold for farrier for a trim \$15

Hold for farrier for a shoeing \$30

Trailing \$50 minimum for hookup, mileage TBD

**Fees may be waived at Crystal's discretion.*

_____ Please initial here

2. DESCRIPTION OF HORSE

#1 Name:

DOB:

Color:

Markings:

Registration/Tattoo:

Sex:

Breed:

Height:

Special Care:

#2 Name:

DOB:

Color:

Markings:

Registration/Tattoo:

Sex:

Breed:

Height:

Special Care:

3. RISK OF LOSS

During the time that the horse(s) is in the custody of Crystal, she shall not be liable for any sickness, disease, theft, death, or injury which may be suffered by the horse(s). This includes, but is not limited to, any personal injury or disability the horse(s) may receive while on Crystal's premises. Boarder fully understands and hereby acknowledges that Crystal does not carry any insurance on any horse(s) not owned by her,

including, but not limited to, such insurance for boarding or any other purposes, for which the horse(s) is/are covered under any public liability, accidental injury, theft or equine mortality insurance, and that all risks relating to boarding of horse(s), or for any other reason, for which the horse(s) is/are in the possession of Crystal. _____ Please initial here.

4. HOLD HARMLESS

Boarder agrees to hold owner harmless from any claim resulting from damage or injury caused by any horse, boarder or his/her guests and invitees, to anyone. Including but not limited to legal fees and/or expenses incurred by Crystal in defense of such claims.

Separate Liability Agreement for any additional riders or visitors other than boarders. _____ Please initial here.

5. LIABILITY INSURANCE

Boarder warrants that he/she presently carries in full force and effect, and throughout the period of this agreement shall continue to carry and maintain in full force and effect, liability insurance protecting Boarder and Crystal from any and all claim(s) arising out of or relating to this agreement. _____ Please initial here.

6. TACK, FEED & SUPPLIES

A designated tack area has been provided by Crystal and boarder understands that if anything becomes lost, stolen, damaged or missing the property owner (Crystal) will not be held liable. Boarder understands that said area is not locked and there are no cameras.

_____ Please initial here.

7. RIDING REQUIREMENTS

Use caution and ride at your own risk.

8. EQUIPMENT

To be determined.

9. BLANKETING AND FEED

As verbally discussed between Crystal and Boarder. Blanketing and feeding of grain are not provided with outdoor basic board.

_____ Please initial here.

10. VACCINATIONS AND FARRIER CARE

Boarder must be present for all appointments made with the vet, farrier or other service provider. A fee will be charged if Crystal has to care for the horse during a scheduled appointment with any service provider.

Horse(s) must be up-to-date on vaccinations and deworming (including but not limited to TETANIS, RHINOPHEUMONITE, POTOMAC HORSE FEVER, EQUINE INFLUENZA, RABIES AND EQUINE ENCEPHALOMYELITIS) before horse(s) will be accepted unless arranged otherwise with Crystal. All veterinarian charges, medical supplies, and farrier fees are a horse owner's expense.

_____ Please initial here.

11. CONTRACT TERMINATION

Property owner (Crystal) holds full right to terminate the contract with a possible refund, with 1 full month notice. Boarder is required to give 1 full month notice before terminating the contract. If notice is given, by Crystal or the boarder, during any given month the boarder is responsible for boarding fees until the last day of the termination month, unless otherwise agreed upon with Crystal. Example: If boarder gives notice to leave on March 8th, board is due until the last day of April, not only 30 days after notice is given.

_____ Please initial here.

12. BARN RULES

Leave barn doors, stalls and all gates how you found them. Open or closed unless it is a question of safety.

Clean up the aisle floor after use.

Clean up manure in the yard and arena after use.

Turn off water taps after use.

Do not 'borrow' from others. If it does not belong to you, it is off limits.

Do not leave tied horses unattended.

Do not tie horses to any gates, doors, fence rails or other objects that are not sufficiently secured. _____ Please initial here.

13. EMERGENCY CARE

Crystal agrees to attempt to contact boarder, at the following emergency telephone number(s) _____

Should Crystal feel that medical treatment is needed for said horse(s), provided however, that in the event Crystal is unable to contact boarder or other emergency numbers (provided above) within 30 mins, then hereby authorized to spend \$_____ for emergency veterinary care and/or blacksmith care. The cost of such care secured shall be due and payable by horse owner within 7 days from the date owner receives notice thereof, provided however, that Crystal is authorized to arrange direct billing by said care provider to the BOARDER.
_____ Please initial here.

Preferred Veterinarian: _____

Veterinarian Contact #: _____

Preferred Farrier: _____

Farrier Contact #: _____

Property Owner Signature: _____

Date: _____

Name: _____

Boarder/ Equine Owner Signature: _____
(parental signature if under 18 years of age)

Date: _____

Name: _____

Boarder Insurance Policy #: _____

Boarder Insurance Provider: _____