



## Horse Usage Agreement (Page 1 of 2)

Session: Spring and/or Fall Year \_\_\_\_\_

### Horse Owners Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone- home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Will the owner be hauling the horse to lessons? Yes/ No

If yes, please make sure to complete the hauling distance section on the second page.

If no, please have the horse hauler complete the 2<sup>nd</sup> page. The owners and haulers should each sign their section of this form.

**Horses** being brought to lessons: (attach the Horse Profile Form & Horse Screening and Assessment Forms)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Breed: \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Breed: \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Breed: \_\_\_\_\_ Sex \_\_\_\_\_

### Agreement:

I, \_\_\_\_\_ hereby agree to the use of the above mentioned horse/s by the Mount View Special Riding Association (MVSRA) for the purpose of providing therapeutic riding for people with disabilities and/or challenges.

I understand the vision and philosophy of MVSRA. I understand that my horse has been assessed by MVSRA Horse Assessment Team and been accepted for use in the program. I am committed to hauling or having my horse/s hauled to weekly lessons during the program sessions.

I have read MVSRA Horse Policies and I am aware of my obligations and responsibilities toward my horse and the MVSRA and of MVSRA obligations and responsibilities to my horse/s and I.

I agree that MVSRA and the Olds Agricultural Society, the members and officers thereof, shall not be liable for any injury, loss or damage which my horse/s or I may suffer on or about the premises during Association related activities. Every effort will be made to avoid any accident. No liability can be accepted by any organization concerned with the activities of the MVSRA, and or anyone providing facilities and equipment.

I pledge that the information I provided on the attached Horse Profile Form is true and accurate to the best of my knowledge.

I agree to a trial period of \_\_\_\_\_ month/s. If the horse is not suitable I will be released from this agreement.

Either party may terminate this agreement at any time with a minimum of 30 days notice.

Date of signing: \_\_\_\_\_

Signed:

Horse Owner: \_\_\_\_\_

for MVSRA \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_



## Horse Usage Agreement (page 2 of 2)

**Horse Haulers Information** Complete if different than Owner's information

☐ same as Owner's information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone- home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

**Horses** being brought to lessons: (attach the Horse Profile Form & Horse Screening and Assessment Forms)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Breed: \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Breed: \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Breed: \_\_\_\_\_ Sex \_\_\_\_\_

### Hauling Distance Information:

What is the legal land location you will be hauling from? \_\_\_\_ $\frac{1}{4}$  \_\_\_\_S \_\_\_\_T \_\_\_\_R West of \_\_\_\_th.

What is the distance you will be hauling horses to lessons/trip? \_\_\_\_Km/miles

### Agreement:

I, \_\_\_\_\_ hereby agree to transport the above mentioned horse/s by the Mount View Special Riding Association (MVSRA) for the purpose of providing therapeutic riding for people with disabilities and/or challenges.

I understand the vision and philosophy of MVSRA. I understand that these horse/s have been assessed by MVSRA Horse Assessment Team and been accepted for use in the program. I am committed to hauling the horse/s to weekly lessons during the program sessions.

I have read MVSRA Horse Policies and I am aware of my obligations and responsibilities toward the horse/s and the MVSRA and of MVSRA obligations and responsibilities to the horse/s and I.

I agree that MVSRA and the Olds Agricultural Society, the members and officers thereof, shall not be liable for any injury, loss or damage which the horse/s or I may suffer on or about the premises during Association related activities. Every effort will be made to avoid any accident. No liability can be accepted by any organization concerned with the activities of the MVSRA, and or anyone providing facilities and equipment.

Either party may terminate this agreement at any time with a minimum of 30 days notice.

Date of signing: \_\_\_\_\_

Signed:

Horse Transporter: \_\_\_\_\_ for MVSRA \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_