

TRAINING AGREEMENT

Heath Marshall

Owner, Trainer

1. EFFECTIVE DATE: _____
2. PARTIES TO AGREEMENT: Trainer Heath Marshall
Horse Owner _____
3. **COVERAGE:** This agreement covers all horse related activities between the parties. It also covers all horses involved, family, friends, and assigns.
4. **REQUIREMENTS:** Owner's Horses shall be presented in a healthy and sound condition. Worming and current vaccinations will be required at the Owner's expense. Wolf Teeth should be extracted. Teeth should be floated. The Trainer reserves the right to refuse horse if not in proper health.
5. **SPECIFICS:** See page 2 for description of a specific horse and description of training for that horse.
6. **FEES:** \$ _____ Includes training and board during training. Due in advance each month. No bill will be sent.
7. **ADDITIONAL EXPENSES TO OWNER:** May include grain and supplements, Farrier, Vet, vaccinations, medicines, teeth floated, and Trailering.
8. **TRAINER RESPONSIBILITY:** To take reasonable care of the horse and seek vet assistance if necessary. To secure farrier care as 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.
9. **HORSE OWNER RESPONSIBILITY:** To present horses in the above stated healthy condition. To pay training fees monthly in advance. To promptly 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.
10. **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.
11. **EMERGENCIES:** In the event of sickness and/or accident 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 for by Horse Owner in timely manner.

Veterinarian _____ **Phone#** _____

12. DESCRIPTION OF HORSE IN TRAINING:

NAME _____ BREED _____
AGE _____ COLOR _____
SEX _____
VICES AND PROBLEMS _____
DISPOSITION _____ TIES ? _____
WOLF TEETH _____ TEETH FLOATED _____
DATE LAST WORMED _____
VACCINATION DATES _____
IS HORSE FOR SALE? _____
Price after training fees are paid _____

13. TRAINING DESCRIPTION FOR THIS HORSE:

14. SIGNATURES

TRAINER _____ DATE _____
HEATH MARSHALL

HORSE OWNER _____ DATE _____
Signature

PRINT NAME _____
ADDRESS _____

HOME PHONE _____ WK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE# _____

BE ADVISED: "Under Colorado Law, an EQUINE PROFESSIONAL is NOT LIABLE for an injury to or the death of a participant in equine activities pursuant to Section 13-21-119, Colorado Revised Statutes."



HEATH MARSHALL HORSEMANSHIP

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