

Wayne Williams

Training Stables

TRAINING AGREEMENT

Date: _____

Owner: _____ PH: _____

Address: _____ Mob: _____

_____ Post Code: _____

Email: _____

Second Contact (for emergency only): _____ PH: _____

Horses Name: _____ Reg No: _____

Reason for training (i.e. starting, reining, general education) _____

DO we have your permission to seek veterinary treatment if we feel necessary? YES / NO

DO you have a preferred veterinarian? _____ PH: _____

WHO is your preferred farrier? _____ PH: _____

(Where possible & practical we will use you preferred veterinarian and farrier.)

WHEN did your horse last have its teeth checked? _____

Dentist: _____

ANY physical disabilities or special dietary requirements we need to know?

WHAT are you currently feeding your horse? _____

HAS your horse been vaccinated for or had E.I. and been micro chipped? YES / NO

Details: _____

IS your horse current with Tetanus & Strangles injections? YES / NO

Next due: _____

DUE to potential Strangles risk, has your horse been on commercial transport, attended a show or been in contact with a horse with Strangles in the past 2 months? YES / NO

If yes, please give details of most recent. _____

Training rates are \$300 per week including GST. A discount of \$25 per week will be given on any training monies paid monthly in advance of the due date.

All horses will be wormed on arrival using Equimec. You are welcome to supply your own wormer & administer on arrival if you prefer.

Horses booked in for training will be worked on average 5 days per week, normally Mon-Fri except public holidays - weather permitting. Our training week commences on a weekend and training rates are for 7 days or part thereof and credit will only be given if unable to work for more than 7 consecutive days. All abovementioned fees include feeding twice daily - Coprice and/or Mitavite & Lucerne hay. We reserve the right to use the services of Tony Fookes - Physiotherapist, Jill Fenn - Equine Dentist or Stephen Riggs - Master Farrier if deemed necessary and any charges will be payable by you in addition to training or agistment costs. All accounts must be finalised before horses leave the center.

I understand and agree to the abovementioned conditions and have answered to the best of my knowledge.

Signature: _____

Wayne Williams

Training Stables

ACKNOWLEDGEMENT

In consideration for being permitted to participate in any way in horse riding activities I, the undersigned, understand, acknowledge and accept that:

Horse riding and participation in horse related activities are dangerous recreational activities and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from participating in horse related activities.

I voluntarily **PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I or my horse may suffer that arises from a period of training or agistment at Wayne Williams Training Stables.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

I agree to wear a helmet of the currently approved Australian standard in all horse riding or activities where I consider being at risk. I am solely responsible for ensuring that I wear a suitable helmet when required and take sole responsibility for my actions.

I understand that Wayne Williams and his employees take due care to ensure that the training and agistment facility are safe and suitable and any equipment provided for the purpose of training or agistment is maintained in good condition and that I have the right to refuse the use of such equipment or facilities if at any time I consider them either unsafe or unsuitable.

I consider my horse riding skills to be. Please circle your appropriate riding level:

VERY EXPERIENCED

EXPERIENCED

NOVICE

BEGINNER

I further confirm I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Signature: _____ Name: _____