



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 2nd 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? ____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 _____