

THERAPEUTIC HORSEMANSHIP FACILITY RENTAL AGREEMENT

The renter hereby agrees to all conditions of this agreement as follows:

1. All money transactions will be made in advance by check or cash.
2. Rental Rates:
Day use of facility\$350.00
Stall rental..... \$15.00 each
3. Conditions of Rental
 - a. The renter agrees to make all of its invitee's and guests aware of all conditions of the rental.
 - b. The arena will be monitored regularly. All riders must sign a Liability Waiver before mounting. These waivers can be handed in at the office. The waiver must be witnessed.
 - c. Upon completion of the event renters shall clean up manure and garbage in arenas and on grounds.
 - d. The renter agrees to remove all personal property after the function. Therapeutic Horsemanship is not responsible for any property of the renters.
 - e. The renter will be responsible for the supervision of children at all times.
 - f. Renter agrees to pay for all damages resulting in any way from their use of the arena or facilities.
 - g. Cancellations must be given within 48 hours of the event or payment will not be refunded.
 - h. The renter must notify the facility if any stalls will be rented and how many within two days of the event.
 - i. Therapeutic Horsemanship is a SMOKE FREE facility. Those found to be smoking on the property will be asked to leave.

This rental agreement constitutes a contract between the parties and each signer represents that they have the full authority to bind their organization.

Attached is the facility rental information for Therapeutic Horsemanship. Please complete the required forms and return them to Therapeutic Horsemanship to secure the date. Contract must be returned with facility rental fees and signatures to: Therapeutic Horsemanship, 332 Stable Lane, Wentzville, MO 63385.

Therapeutic Horsemanship Rental Agreement

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This rental agreement made and entered at Wentzville, MO.

(DATE)_____ by Therapeutic Horsemanship and (NAME OF ORGANIZER)_____.

REPRESENTATIVE

LESSEE: .

ADDRESS: _____

CITY:_____STATE:_____ZIP:_____

DAY PHONE: _____

CELL PHONE: _____

NAME OF EVENT: _____

TYPE OF EVENT: _____

DATE OF EVENT: _____

INSURANCE: Lessee must supply a Certificate of Insurance of their own with \$1,000,000 general liability which shall cover both exhibitors and spectators. This proof of insurance must be obtained by Lessee and a copy on file with Therapeutic Horsemanship no later than two weeks prior to the event listing Therapeutic Horsemanship named as additional Insured.

LICENSES AND PERMITS: Lessee shall assume all responsibility for the application and securing any licenses, permits or other enabling documents which may be in connection with lessee’s use of said premises.

INDEMNITY AND RELEASE: Lessee shall indemnify and hold Therapeutic Horsemanship harmless from any and all claims, demands, action, costs and charges to which Therapeutic Horsemanship may be subject to and person or property, or loss of life or property, resulting from or in any way connected with the character, condition, or use of said way connected with, negligence of Therapeutic Horsemanship or its employees and Lessee shall, at its own expense, assume the defense of such claims and action from damages arising out of such injuries or losses which may be brought against Therapeutic Horsemanship by their persons, and shall pay any such judgments that may be rendered in such action.

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PROPERTY OF LESSEE: Upon expiration of this agreement, Lessee agrees to promptly remove from the premises of Therapeutic Horsemanship all property brought thereon by Lessee. Therapeutic Horsemanship is not responsible for property that is not removed. Any property left on the premises may be subject to a storage charge.

DAMAGES: Lessee agrees that any portion of premises during this term of agreement shall be damaged by act default or negligence of lessees agents, employees.

Please sign and return two copies of this agreement to Therapeutic Horsemanship. A fully executed copy will be returned to you for your records.

Agreed:

For Lessee:

Name (please print full name)

Name of Organization

Signature

DATE:

For Therapeutic Horsemanship:

Lynn A. Courier, Interim President and Executive Director

Signature

DATE: