

Due: June 1st
TO: Beth Martin, Jr. Fair Coordinator

DARKE COUNTY JR. FAIR HORSE LEASE AGREEMENT

Date of Agreement _____

It is understood and agreed that an agreement was entered between _____

(name, address & phone number)

and _____
(name, address & phone number)

That the horse named _____ be leased for a period of _____ months,
extending from _____ to _____, but not ending any sooner
than the last of the Darke Co. Fair and beginning effective _____.

The horse will be housed at _____
(address)

A description is to be attached for this horse. A copy of registration papers (if registered) and photographs (4) one of each side, one of the face of the horse and one of the rear of the horse.

Condition of payment _____
_____.

The following are conditions of the lease:

1. _____ shall be responsible for the care of said horse. The owner to list below what is considered "proper" care(i.e. feed, foot care, vaccinations, deforming, stable requirements):
 2. It is understood and agreed that the member leasing the horse shall be held responsible for any injury caused to or by the member and horse while in member's care.
 3. All liability for actions of member shall be assumed by _____.
 4. Leasing fee shall include _____
_____.
 5. All veterinary bills incurred during the time of leasing shall be assumed by _____

- and the maximum amount the lessee is expected to pay if injury does occur is _____.

6. All farrier bills incurred during this time of leasing shall be assumed by _____.

7. Do you (lessor) require the lessee to carry insurance on this horse? YES or NO

8. Please state the purpose for which this horse will be used for: _____

9. Can the horse be transported to shows at the discretion of the youth? YES or NO

10. Other conditions:

If any of the listed conditions are violated by the leaser, the owner has the right to break the lease and reassume care of the horse, upon recommendations of a veterinarian.

On this the _____ day of _____, 2_____,

_____ (4-H/FFA member) did sign this instrument of his/her own free will and by his/her own hand.

Member's Signature Date

Parent's Signature Date

Owner's Signature Date

Advisor's Signature Date

Date of Approval

Show Committee Approved

This agreement is to be completed and submitted to Beth Martin, Jr. Fair Coordinator, by June 1st of the current year. Incomplete forms will disqualify this horse from showing in any Jr. Fair Shows.

Updated 2/2011