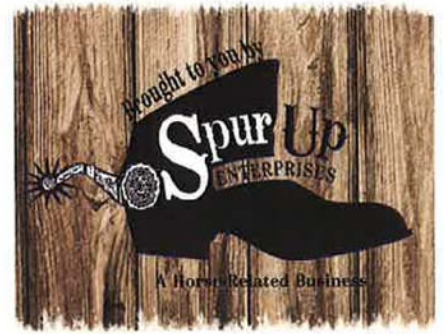


Phone - 623-606-8479  
mikestacy@mike-stacy.com  
www.mike-stacy.com  
Training-Lessons-Boarding-Clinics



480.540.0141  
spurupenterprises@comcast.net

#### ASSUMPTION OF RISK AGREEMENT

This agreement made this date \_\_\_\_\_ between \_\_\_\_\_, referred to as owner/rider, and MIKE STACY, known hereafter as trainer, as well as Mario Gomez/Spur Up Enterprises, known hereafter as sponsor, and Guy Dryer, known hereafter as the landowner, at 1227 E. Cloud Rd., Phoenix, Arizona, 85086, together in this agreement known as "PARTY A".

#### WITNESSETH:

Whereas, owner has placed a horse or horses in training with trainer, or has employed the trainer to board, train, ride, keep, and/or transport a horse or horses: and

Whereas, the parties recognize that there are certain hazards and risks inherent in the operation of a riding and training stable and desire to limit and define PARTY A liability as may be permitted by law, and

Whereas, the parties desire to agree that PARTY A is to be held free and harmless of any liability whatsoever to owner by reason of the acts or conduct or omission of trainer, and further that PARTY A is to be held free and harmless from any liability whatsoever to any other person who may be injured or damaged by reason of the acts or conduct or omissions of the owner or by reason of any damage sustained or caused by owner's horse or horses.

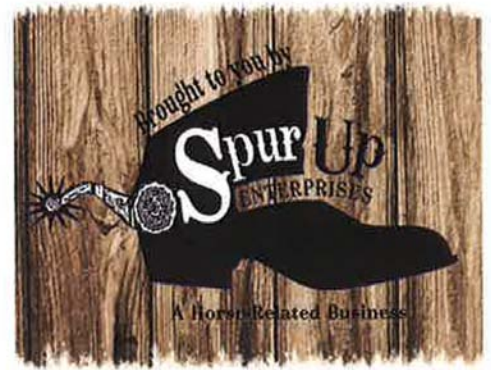
Now therefore, in consideration of the premises and the mutual covenants herein contained, and for other good and valuable consideration, and as a material part of the consideration to be rendered to PARTY A by owner in leaving owner's horse(s) with PARTY A under separate agreement between the parties, and for the purpose of facilitating the same, the owner and trainer hereby agrees as follows:

Owner agrees that as an express condition hereof that PARTY A is to be free of any and all liability and claim for damages by reason of any injury to any person or persons including owner, or property of any kind whatsoever and to whomsoever belonging including owner, from any cause or causes whatsoever while in, upon, or in any way connected with trainer's premises or operations.

Owner further agrees to indemnify and save harmless trainer for all loss, liability, damage, cost, and obligation sustained or caused by owner or owner's horse(s), including but not limited to injury to the owner's horse(s), property damage, injuries sustained by owner, owner's children, family, and/or guests as may be on the trainer's property upon the invitation or authorization of the owner either directly or indirectly, expressly or implied, on account of, or arising out of any such injuries or losses however occurring, and owner agrees to indemnify and hold trainer harmless from any such injuries or damages sustained or caused by such persons as may be sustained or caused of trainer; and owner further covenants and agrees that if any claim, action, or proceedings shall be brought seeking to hold trainer liable on account of any of the aforesaid injuries, costs or damage, or on account of any acts,



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## FULL SERVICE BOARDING

\$275 per month

## TRAINING AND BOARD

\$700 per month

## LESSONS

\$40.00 / lesson

\*Some surcharges may be applicable for various requests

*Please Make Checks Payable to:*  
*Spur Up Enterprises*

**Payments are due IN FULL at the time of contract signing,  
and thereafter on the 1<sup>st</sup> of each month.**



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CUSTOMER INFORMATION

Arrival Date: \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ Please indicate yes \_\_\_\_\_ or no \_\_\_\_\_

To have your monthly invoices emailed to you.

\*\*\*\*\*

INSURANCE INFORMATION

Company \_\_\_\_\_

Telephone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

\*\*\*\*\*

HORSE INFORMATION

AQHA Name \_\_\_\_\_ BARN Name \_\_\_\_\_

AQHA # \_\_\_\_\_ Year Foaled \_\_\_\_\_ Sex \_\_\_\_\_

Color \_\_\_\_\_

Risk Agreement \_\_\_\_\_ AQHA ID# \_\_\_\_\_ Copy of Papers \_\_\_\_\_

\*\*\*\*\*

BILLING INFORMATION

Credit Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ CVC# (3 Digits on Back of Card) \_\_\_\_\_

Name As It Appears On Card \_\_\_\_\_

Card Billing Zip Code \_\_\_\_\_

Permission to Charge CC

For Monthly Fee?

Signature \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_