

# Whipple Creek Farms Horse Boarding Contract

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1. This month-to-month contract is made on \_\_\_\_\_ (date mm/dd/yy), by and between KJD, LLC Whipple Creek Farms and the following:

Name: \_\_\_\_\_ (hereafter referred to as boarder)

Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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\_\_\_\_\_

Home#	Work#	Cell#
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**Email (for invoices):** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Horse Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ (M= Mare, G=Gelding, S=Stallion) Breed: \_\_\_\_\_

Overall Health: \_\_\_\_\_ Special Needs: \_\_\_\_\_

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**Required Vaccinations** (provide dates for the following):

Rhino:  
Flu:  
Sleeping Sickness (encephalitis):  
Tetanus:  
Coggins (if coming from another state):

**Other Recommended Vaccinations** (talk to your vet):

West Nile (highly recommended):  
Strangles (highly recommended):  
Rabies:  
Potomac:

**Deworming** (recommended 2x per year):

**Health Certificate:** needs to be obtained within 30 days prior to coming to the barn. Please provide a copy with the contract.

Veterinarian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Farrier: \_\_\_\_\_ Contact #: \_\_\_\_\_

Feed Preference: \_\_\_\_\_

3. Ownership of the horse(s) to be boarded: *(mark X to one of the following)*

Boarder has full ownership of the horse(s) \_\_\_\_\_

Boarder leases or manages the horse(s) \_\_\_\_\_ Owner Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

4. Boarding Information:

All Boarding Packages include:

- Two feedings daily; 2 flakes per feeding- Eastern and Orchard grass hay (alfalfa available on request)
- Stalls cleaned six days per week (Boarder welcome to clean stall on Sundays)
- Automatic watering available for each stall
- Mixture of sawdust and wood shavings for bedding
- Free access to 300 acres of Whipple Creek Park trails
- Indoor riding arena
- Boarder may supply grain/supplements that will be fed at feeding time by WC staff at no extra cost. Boarder must provide a WC- approved container and pre-bag each serving.

5. Boarding Fees:

**Please select from the options below:**

_____ Stall with turnout	\$475 / Month
_____ Stall with run	\$475 / Month
_____ Trailer Storage	\$25 / Month

**Monthly Board fee total:** \_\_\_\_\_.

**Please give a 30-day notice prior to leaving.**

**The preferred payment method is through Quickbooks invoices online that will be emailed each month. If you must write a check, make it out to Whipple Creek Farms and place it in the metal drop box next to the barn office or mail payment to Whipple Creek Farms at 633 NW 164<sup>th</sup> St., Ridgefield, WA 98642**

**All board rent is due the first day of each month and there will be a \$25 late fee after the 5<sup>th</sup>.**

If the boarder fails to pay for more than 30 days, Whipple Creek Farms may apply an Agister Lien according to WA Code 60.56. Habitually late payments will result in Boarding agreement termination and removal of boarded horse(s). There will also be a \$50 fee for any returned checks.

# *Whipple Creek Farms*

## *Rules and By-Laws*

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- 1- Barn Hours: 7am-9:30pm.
- 2- Never handle another boarder's horse or go in their stall without permission of the horse's owner. Do not feed horses that don't belong to you.
- 3- Theft will result in immediate eviction.
- 4- Turnout areas are reserved for turnout horses, Sunday through Saturday from 9am to 5pm.
- 5- Boarders are not allowed to turn horses out in the arena unattended. Should another boarder wish to exercise or ride a horse, your horse must be placed on a lunge line, mounted, or returned to a stall.
- 6- Facility care: Do not climb or sit on fences, gates or haystacks. No running in the barn. Do not tie horses to fencing, gates, stall doors, or wash rack corner posts.
- 7- **Guests may not ride until release forms are signed, and must wear a helmet in the arena.**
- 8- Equipment and personal items – Do not leave tack in the aisle ways. Tack rooms should be clean and uncluttered.
- 9- Dogs may be banned from the premises at the discretion of management. Please keep on a leash.
- 10-Insurance – Whipple Creek Riding Center's insurance does not cover personal injury, loss, or damage to horse or personal property.
- 11-Absolutely NO alcoholic beverages or drugs are allowed on the premises. No smoking in or near the barn. Do not come to the barn under the influence of alcohol or drugs.
- 12-Arena – **Please put away obstacles after use.** The last rider should turn off lights. Do not leave personal items in the arena.
- 13-Children under 18 must be accompanied by a parent or adult.
- 14-Crossties – Clean up debris from grooming, etc. Do not leave horse tied and unattended.
- 15-**Safety helmets are required for ALL riders.** Wear appropriate footwear. No flip- flops, sandals, etc. are allowed in the arena.
- 16-Grain supplements/treats must be stored in closed containers. Boarders may have one container in front of their stall.
- 17-Instructors/Trainers are welcome to train WC Farms boarders only, but must have proper insurance. Please contact manager for these requirements.

# Whipple Creek Farms

## Emergency Contact and Medical Information

<i>Name</i>		<i>Date of birth</i>	
<i>Address:</i>			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone(s): Home</i>		<i>Cell</i>	
<i>Emergency Contact:</i>		<i>Phone(s): Home</i>	
		<i>Cell</i>	
<i>Emergency Contact:</i>		<i>Phone(s): Home</i>	
		<i>Cell</i>	
<i>Physician</i>		<i>Phone:</i>	
<i>Insurance Carrier</i>		<i>ID#:</i>	
<i>Hospital:</i>		<i>Group #:</i>	
<i>Allergies:</i>			
<i>Blood type:</i>		<i>Medical Concerns</i>	

### Emergency Treatment Authorization

I hereby certify that I am the parent/legal guardian of the participant and give my consent for participation in the provided activities. In the event that I cannot be reached in an emergency, I give permission to any licensed medical professional to secure proper treatment including injection and anesthesia. I also hereby state that my child is free from communicable diseases, has received all required immunizations, and has submitted in writing to staff any allergies in case of emergency medical treatment.

<i>Name of Rider or Parent/Legal Guardian</i>	<i>Phone(s): Home</i>	
	<i>Cell</i>	
<i>Signature of Rider or Parent/Legal Guardian</i>	<i>Date</i>	

**WC Farms – Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

BY SIGNING THIS AGREEMENT, YOU AND YOUR CHILD ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE STABLE (Whipple Creek Farms); IT’S OWNER, EMPLOYEE, AND AGENTS (“THE RELEASEES”).

I, \_\_\_\_\_ on behalf of myself (and my minor child) \_\_\_\_\_  
[Print First and Last Name] [Print Child's Name]

Address: \_\_\_\_\_  
Street City State Zip

In consideration for allowing me (or my minor child) to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, I HEREBY:

Acknowledge that a horse may, without warning or apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person’s feet, push or shove a person, saddles or bridles may loosen or break; all of which may cause the rider to fall or be jolted, resulting in serious injury or death. –

**ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH**, because of the unpredictable nature of horses, regardless of their training and past performance.

Voluntarily assume the risk and danger of injury or death inherent in the use of the horse, equipment, and gear provided to me by Whipple Creek Riding Center, hereinafter referred to as the Stable.

RELEASE, DISCHARGE AND PROMISE NOT TO SUE the Stable, doing business under its own name or any other name and/or any of its owners, officers, employees and agents (hereinafter the “Releasees”), for any loss, liability, damages, or cost whatsoever from any loss, damage, or injury (including death) to my person or property.

Release the Releasees from any claim that such Releasees are or may be negligent in connection with my riding experience or ability including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction or riding skills or leading and supervising riders.

The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by the State of Washington and is intended to be as broad and inclusive as is permitted by Washington Law (RIDE AT YOUR OWN RISK), and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Stable or its owner, agents, employees, for any injury or damage in breach of this contract, the Undersigned will pay all attorney’s fees and costs incurred by the Stable in defending such an action.

State that I am not now pregnant and that I have no history of epileptic seizures, heart condition, or any other medical problem that could be affected by horseback riding.

**IT IS MANDATORY THAT ALL RIDERS WEAR PROTECTIVE HELMET.**

If the person who is to enter into this Agreement is less than eighteen (18) years of age, his/her parent or guardian must read this Agreement and sign below on the behalf of the minor.

I have read this entire Release of Liability Document. I understand it is a promise not to sue and to release the stable, its owners, employees, and agents for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releasees allowing me or my child to ride or handle a horse.

\_\_\_\_\_  
*Individual Signature* *Date*

\_\_\_\_\_  
*Signature of Parent or Guardian* *Date*

\_\_\_\_\_  
*Witness Signature* *Date*