

SAMPLE ONLY: USE THIS OR A SIMILAR LEASE THAT ADDRESSES THE SAME AREAS OF CONCERNS

Adams County 4-H Equine Lease Agreement

(Due at Equine registration, 1:30-4:30 pm, May 9, 2015)

Lessee (4-H Member) reason for leasing equine:

Lessor (Owner) must be willing to:

Relinquish all rights to train, handle and care for the equine e in order for the youth to complete the requirement of a 4-H Equine project. Potential owners should not lease equine they want to ride or show on a regular basis during the term of the lease.

Owner cannot take back the equine prior to the end of the lease unless the 4-H youth agrees to return the horse.

The lease can be terminated by the Extension Educator if Lessee or Lessor is found to be violation of any expectations in the Ohio 4-H Program Guideline for leasing a 4-H Horse Project.

Additional specifications or limitations:

Can be added by Lessor or Lessee, before lease is signed).

Example(s): Preferred veterinarian, preferred feed, etc.

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I (Lessor): Name: _____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Agree to lease:
(Equine name, registration number-if registered)

To (lessee):

4-HMember Name: _____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Parent/Guardian: _____

Lease start date: ___/___/___ Lease end Date: ___/___/___

- In the event of death of equine:

Who is responsible for the value of the equine in the event of the death of the Equine?

If the Lessee is responsible, how much? (Value) \$ _____

Is this covered by insurance? _____

- In the event of permanent injury of equine:

Who is responsible in the event of the equine being permanently injured so it cannot be used for show purposes? _____

If the Lessee is responsible, how much? (Value) \$ _____

Who keeps the equine? _____

- In the event the equine is injured by a curable injury:

Who nurses the animal back to health in the event the equine is injured by a curable injury?

Who pays vet bills? _____

If lessee, what would be the maximum amount expected for Lessee to pay? \$ _____

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- Where will the equine be housed?

Address: _____

City: _____ State: _____ Zip: _____

If this is not the Lessee's address, why?

- Who is responsible for the daily care of the equine, to include feed, health care (i.e. worming, vaccinations, etc.), footcare, and/or special stabling requirements made by owner?

- List the purpose(s) for which the equine will be used:

The equine may be transported, at the Lessee's (4-H member) discretion, to equine shows and other equine activities.

The Lessor (owner) cannot use the equine for any purpose that would violate any rule in the current Uniform Rules for 4-H Horse Shows (4-H Circular 179).

The maximum number of shows that the Lessor (owner) may show the leased animal during the term of the lease is: _____

The Lessor (owner) will be relieved of liability in case of property damage, injury to the Lessee (member) or a third party while the equine is under the Lessee's (member) supervision.

Signatures

Lessor (owner): _____

Date: ___/___/___

Lessee (member): _____

Date: ___/___/___

Member's Parent/Guardian: _____

Date: ___/___/___

4-H Club Head Advisor _____

Date: ___/___/___

Copy to be given to Lessor (member) & Club Head Advisor.

Original will be kept on file at the Extension Office during the current 4-H year.

Please attach current color picture of equine showing any distinctive face and leg markings.