

FULL/HALF SPONSORSHIP AGREEMENT

THIS AGREEMENT is made between **PRAIRIE FIRE FARMS FOUNDATON** hereinafter referred to as "**STABLE**", and _____ hereinafter referred to as "**LESSEE**" of the horse described in paragraph 2 (herein after the "Horse").

In consideration of one of the options listed below, lease fees will be paid per month by **SPONSOR** in advance on the ____ day of each month, **STABLE** agrees to house the herein described horse(s) at **201 Angle Road, Grantville**, on a month to month basis commencing on the date of this signed agreement. Please Initial next to the lease option.

_____ **\$375.00** full sponsor for horse (responsible for all care ex. Farrier, wormers, vet)

_____ **\$200.00** half sponsor for horse (responsible for farrier, wormer)(owner or PFFF responsible for vet)

DESCRIPTION OF HORSE:

Name:
Age:
Sex:
Breed:
Color/Markings:
Height:
Reg./Tattoo No:

The sponsorship period, which will commence on the _____ day of the _____ 20__ and run for a period of 12 months. Upon conclusion of said period, Sponsor will either renew sponsorship agreement or return said horse to Stable. For the duration of the said sponsorship period the Sponsor assumes all responsibility and liability for named horse. During this period, it is expected that the named horse will not be mistreated nor pushed beyond its capabilities at any time.

The Horse shall remain located at 201 Angle Road, Grantville. And shall be trained at the facility by said trainer Emily Twilley-Selvey

If for any reason the horse becomes injured or damaged in any way, rendering said horse un-saleable, **SPONSOR** agrees to pay the purchase price of _____ for said horse.

Medical expense limitations for the **SPONSOR** are to be set at _____, should said horse require medical attention resulting from damage or injury that has occurred within the lease period. **SPONSOR** is not responsible for injury or illness deemed to have existed prior to start of sponsorship period.

SPONSOR has the first right of purchase during the sponsorship period. If **SPONSOR** decides not to pursue purchase, no outside sale can take place prior to the end of the current sponsorship period.

If any injury to the horse occurs under **SPONSOR'S** care or supervision. **SPONSOR** is responsible for any and all veterinary expenses.

All horses that are sponsored that are Foundation horses and the moneys given on behalf of said horse by **SPONSOR** are considered donations to the foundation and can be used for tax purposes under the 501 (C)3 ID # 36-4698809.

SPONSOR agrees that **STABLE**, its agents and employees are not liable and agrees to hold them completely harmless, not liable and release them from all liability for any injury, sickness, the death of, or any damages caused to the horse while stabled on **STABLE'S** property or while sponsor and horse are engaged in any equine activity using **STABLE'S** facility except if caused by the willful and wanton gross negligence of the **STABLE**. During the time that the HORSE is in custody of **STABLE**, **STABLE** shall not be liable for any sickness, disease, estray, theft, death or injury which may be suffered by the horse or any other cause of action whatsoever, arising out of or being connected in any way with the boarding of said animal(s), except in the event of willful negligence on the part of **STABLE**, its agents, and/or employees. This includes, but is not limited to, any personal injury or disability the **SPONSOR**, may receive on **STABLE'S** premises. The **SPONSOR** fully understands that **STABLE** does not carry any insurance on any animals not owned by it for boarding or for any other purposes, whether public liability, accidental injury, theft or equine mortality insurance and that all risks connected with boarding are to be borne by the **SPONSOR**.

SPONSOR agrees to abide by **STABLE'S** rules and regulations and any attempt to willfully disregard such will be grounds for termination of this Agreement and the removal of **SPONSOR'S** horse from **STABLE'S** property.

Executed this ___ day of _____

STABLE: _____
Address: 201 Angle Road, Grantville PA
Telephone: 717-991-6062

SPONSOR: _____
Address _____
Telephone: _____

OWNER: _____
Address: _____
Telephone: _____

Method Payment:

_____ First Month Payment Enclosed (Payable to Prairie Fire Farms Foundation)

_____ Please charge my credit card monthly

Card Type: _____

Credit Card Number _____ Exp. Date _____

Signature for Credit Card Authorization _____

_____ Paypal Account Payment