



Yellow Horse LLC

Carissa Rivara: John and Josh Lyons Certified Trainer

(920)229-3616

www.YellowHorseLLC.com

info@YellowHorseLLC.com

Horse Owner Information:

Name:

Billing Address:

Phone Number:

Emergency Contact Number:

Personal Liability Carrier Number:

Describe Your Strengths and Weaknesses as a Rider:

Training Horse Information:

Name:

Age:

Breed:

Veterinarian (If you choose not to use our vet):

Emergency Contact for Horse:

Describe your horse's temperament:

Describe your horse's current level of training:

Describe any pertinent personality, health, or soundness issues with your horse:

Training Agreement:

What do you, as an owner, want your horse to learn while in training? Please list each item or behavior that you want your horse to learn:

Please initial the bottom of this page to recognize that you have reviewed these items.

Training Agreement:

(Please initial each line after you have reviewed it)

____ 1) I understand that my horse is scheduled to be in training for ____ (days/weeks/months). This schedule may be changed by Carissa and/or myself.

____ 2) I understand that every horse is different and training must take place at a pace that the horse is mentally and physically able to handle. At times, this means that the allotted time set out for training may not be enough time to accomplish everything I, the horse owner, would like it to. Carissa will keep me informed as to my horse(s)' progress.

____ 3) I understand that I am expected to attend a weekly session with my horse(s) to learn the training that has been done with my horse(s). This session is included in the weekly price. If I cannot attend, these sessions may be rescheduled.

____ 4) I understand that I need to learn the methods and cues Carissa has taught my horse(s) in order for this training to be truly effective.

____ 5) I understand that the cost of training is _____ per month. This does NOT include board, which will be paid to Edgewater Farms in the amount of _____.

____ 6) I understand that I must pay for training in advance. If I cannot pay for training all at once, I can work out a payment plan with Carissa.

____ 7) Carissa will not be liable for and sickness, disease, theft, death, or injury suffered by my horse(s) or any other cause of action arising from or connecting to the boarding or training of my horse(s). I, the owner, assume all risks. I agree to hold Carissa harmless from any loss or injury to my horse(s).

____ 8) I agree to hold Carissa harmless from any claim caused by my horse(s) and agree to pay legal fees incurred by Carissa in defense of a claim resulting from damages of said horse(s)

Horse owner signature: _____ Print: _____ Date ____

Trainer signature: _____ Print: _____ Date ____