4-H Project Horse/Non-ownership Form (Due to 4-H Office June 15 of current year)

4-Her Information: Name:		Phone Number:	
Address:			
Horse Information: Please atta		s a front head shot (if we do not already have it on fi	le)
Name:	Breed:	Registration Number:	(if applicable)
Color:	Height:	Weight:	
Parent Information: Name:		Phone Number:	_
Address:		(if different than abov	ve)
Signature			
Leader Information: Name:		Phone Number:	_
		Club:	
Signature			
This animal lease agreement is	entered into between the parties indic	eated herein and subject to all the terms and conditions s	et forth herein:
Lessor/Owner:		Phone Number:	_
Address:			
 The Lessor/Owner represe The Lessor/owner agrees t including: (Do not send th Registration pap Current health page 	wner represents that he/she is the law nts that the animal is in good health a o furnish in a timely manner such doc ne following papers to the 4-H Offic ers (if applicable)	oful owner of this animal and has the authority to enter in nd good disposition. uments that are necessary for signing the animal up for e – these are sent with entry form to Fair Entry Office	the program or shows
 The responsibility for any m This lease represents the e parties. Both parties agree that Cor to this agreement and both 	nedical care or treatment required by intire agreement between the parties nell Cooperative Extension, Washing Lessor/Owner and Lessee agree that	animal in accordance with details to be worked out with the animal shall be the responsibility of both the Lessor/Cand can only be amended or modified by written agreem ton County Fair, its officers, directors, employees and vot they have no recourse against any or all of them for any of the cause of such injury or damage.	Owner and Lessee. ent signed by both lunteers are not parties
This lease is entered into on this	s day of	_	
Lessor/Owner Signature		Lessee Signature	
Please return <i>only</i> this complete Cornell Cooperative E	d form to: xtension of Washington County	Parent/Guardian Signature	

Cornell Cooperative Extension of Washington County 415 Lower Main Street Hudson Falls, NY 12839 Phone: 746-2560 Fax: 746-2419