



250 Killingworth Turnpike
Clinton, CT 06413

Boarding Agreement
(860) 304-6355

Horse: _____ Value: \$ _____ .00 Registered: (Y) (N)

BOARDING DETAILS

In consideration of the mutual promises herein contained, _____ referred to as the “owner” of the horse listed above and Twin Brook Stables, LLC agree to the following:

1. Owner agrees to board horse with Twin Brook Stables, LLC at the rate of \$ _____ .00 payable monthly on the 1st day per month. A late fee of \$10.00 per day will apply if unpaid, or not paid in full by the due date of each month. There is no grace period. **Initial _____**
 - **USE OF PREMISES:** This boarding agreement allows horse owners the use of Twin Brook Stables, LLC. amenities only. *Exclusions: The Landowner’s household area, outdoor cooking/bar area, and use of the pond/boats (with the exception of fishing (catch and release ONLY) from shore).
**Written request from horse owner and approval of Landowner.*
2. Owner agrees to pay all expenses incurred in collecting any overdue monies owed to Twin Brook Stables, LLC., including any and all attorney fees. **Initial _____**
3. Twin Brook Stables, LLC., agrees to provide suitable facilities, grain, hay and bedding for the duration of this agreement. Standard services and standard feed ration information shall be posted to the barn bulletin board. Horses requiring more than the average Twin Brook grain ration, bedding, and/or supplements will be the responsibility of the owner, or pay Twin Brook Stables, LLC., for the additional monthly expenses for the care of the owner’s horse. Additional special service rates information shall be posted to the barn bulletin. **Initial _____**
4. Twin Brook Stables, LLC., agrees to contact owner and owner’s veterinarian of any medical problem or injury to horse as soon as possible. **Initial _____**
5. Owner agrees to release and indemnify Twin Brook Stables, LLC., Twin Brook Estates, LLC., its owners, employees, agents, apprentices (including veterinarians or blacksmiths), volunteers and guests for any injury, escape, disability, or death of any horse on the premises of Twin Brook Stables, LLC., or in its continuous care custody and control except for gross negligence or willful misconduct by Twin Brook Stables LLC. **Initial _____**
6. Horse owner is liable and financially responsible for any damage to Twin Brook Stables LLC., or property of Twin Brook Estates, LLC., caused by owner/s horse and agrees to defend Twin Brook Stables LLC., and/or Twin Brook Estates, LLC., in any legal action relating to horses’ actions. **Initial _____**
7. Owner agrees that thirty (30) days’ notice shall be given to Twin Brook LLC., as to the termination of this agreement or pay the following months board. **Initial _____**

ACKNOWLEDGEMENT OF RISK

I, _____, the undersigned have read, understand, and voluntarily enter into this Release and Hold Harmless Agreement with Twin Brook Stables LLC., and their agents and employees. I understand that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

Initial _____

I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding any horse; including, but not limited to, any interactions with other horses and animals that may be on the property. Understanding those risks: I hereby release all representatives, Twin Brook Stables LLC., its officers, directors, shareholders, employees and anyone else directly or indirectly connected with Twin Brook Stables LLC from any liability. Including any injury or damage of any nature (or death) to me or anyone else caused by or incidental to my electing to mount and ride a horse, drive a horse, or be a spectator at such event. **Initial** _____

I understand that there are risks inherent in dealing with equines (including horses, ponies, mules, donkeys, and hinnies) as itemized above. **Initial** _____

I understand, recognize, and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed. And, that in signing this Release and Hold Harmless Agreement, I understand that this Agreement may further limit the liability of equine professionals to include: any activity involving an equine, resulting in death, personal injury and/or damage to property. **Initial** _____

Indemnification: I agree to indemnify, defend, and hold harmless each of the Released Parties from and against any and all claims, suits, demands, liabilities, damages, losses, costs and expenses. Including but not limited to; damage to or destruction of property, compensatory, consequential or punitive damages, attorney's fees, and other costs of defense arising from or in connection with injury, illness or death of any person. Or the damage, destruction or loss of any of my or others' property which might result, directly or indirectly, in whole or in part, from my participation in Equestrian Activities or from any horses owned by me or in my control, whether caused by the negligence of the Released parties or otherwise.

Initial _____

NOTICE: Wearing an ASTM/SEI approved hard hat and closed toe shoes are **REQUIRED** while riding.

I, _____, acknowledge that I have read the above statements and definitions. I hereby indemnify and hold harmless, Twin Brook Stables LLC., employees or owners from any liability arising from accident, injury, theft, or damages to myself, my representatives, and helpers, all equipment and property, and all animals under my jurisdiction. This agreement shall continue for each and every visit to the property. **Initial** _____

Participant agrees that Participant has been given sufficient time to read, and understand, and ask questions, if any, concerning the nature and scope of this Voluntary Waiver Agreement. **Initial** _____

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the State of Connecticut. **Initial** _____

In addition, I, _____, (boarding client) hereby grant permission and authority to Twin Brook Stables LLC., officers and authorized employees to act for us in executing verbal instructions if unable to contact us; to act for us in dealing with physicians; available ambulance companies and hospitals; to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Twin Brook Stables LLC., agents and employees, and owners of any property concerned, and hold harmless from liability for any injury or damage which the rider may sustain while at the farm. **Initial** _____

The undersigned declares under penalty of fraud under the laws of the State of Connecticut, that the foregoing is true and correct.

Print Owner Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____ Phone Number: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Email Address: _____

Date: _____ **Signed:** _____

Print Owner Name: _____

Horse Name: _____ Breed: _____ DOB: _____

_____ Date: _____

Danielle Laudano
Owner/Operator
Twin Brook Stables, LLC



Services Price Sheet

Boarding Options

Full Board: \$750 per month

Training

Training Session: \$40 each

Lessons

Private Half-Hour Lessons: \$30 each
(on client's horse)

Additional Supplementation

Natural Feed-Through Bug Preventative: market price

Holding for Routine Barn Veterinarian/Farrier Care

First 30 minutes included in board, additional charge \$1 per minute

Medical Board

Medical Board: \$8 per day

(Cost in addition to full board. Daily fee covers cost of additional shavings and labor involved with a horse on stall rest)

Therapy Modalities

Massage: \$50

Cold Laser Therapy:

15 minutes: \$35

30 minutes: \$50

60 minutes: \$80

Ice Boot: \$15 per session

Hand Walking: \$1 per minute (min. \$15)

Rehab Turnout: \$10 per turnout session

Medication Administration

Supplements and medications given during morning feeding are no charge. Any additional supplementation/medication will be charged per feeding. All supplements/medications should be provided by owner otherwise will be billed according to cost of medication.

Medication Administration: \$5 per dose*

Injection Administration: \$25*

*Price may increase if horse is difficult to medicate

Additional Services are available upon request!