



EquiFest of Kansas
 March 5, 6 & 7, 2021
 Tony's Pizza Events Center & Saline
 County Expo Salina, KS

Ranch Rodeo Horse Stabling Contract BARN #5

A separate contract is needed for each horse.

Breed:			
Discipline:			
Name of Horse:			
Equifest Event To Be In:			
Owner/Point of Contact:			
Rider Name:			
Organization Represented:			
Mailing Address:			
City/State/Zip:			
Email:			
Phone Number:			
ITEM	FEE	QTY	SUBTOTAL
Horse Stall	\$15/day		
Tack Stall	\$15/day		
Bag Shavings	\$6		

1) Proof of Negative Coggins are required on ALL horses. Health Certificates are required for all horses originating from out of state. Veterinary Inspection required upon arrival before stall check in.

- a. You may purchase additional discounted wristbands **before February 5th, 2021.**
- b. Contact the Kansas Horse Council office by email: director@kansashorsecouncil.com, or by phone, 785-776-0662, to purchase.
 - 1. Discounted Daily Pass: \$10/ Regular Price Daily Pass: \$20
 - 2. Discounted 3-day Pass: \$25/ Regular Price 3-day Pass: \$50

I/We understand that I, my farm and employees have read and will be exhibiting under the rules and regulations set forth by the Kansas Horse Council, Inc., and EquiFest of Kansas. All participants associated with my exhibit area are aware of these regulations and guidelines and agree to abide by them. Further I/we understand and agree that Kansas Horse Council, Inc., and EquiFest of Kansas employees and agents will not be held responsible for any injury, loss or damage to any person, animal or equipment. Under Kansas law there is no liability for an injury to or the death of participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4001. I/We understand that all applications are subject to approval. In addition to all other damages which may be recoverable by the Kansas Horse Council, Inc., the Council shall be entitled to recover all of its attorney fees and any other reasonable costs of collection with regard to any monies due it and not paid in accordance with the terms of this agreement, or which may be incurred by the Kansas Horse Council, Inc., in order to enforce any other term or provision of this agreement which has been breached by any other party or parties signatory hereto. The parties' signatory hereto stipulate and agree that this contract shall be governed by the laws of the state of Kansas and any suit by either party to enforce any term or provision of this agreement or for breach of this contract must be filed in court of general jurisdiction.

By signing below, you confirm "I have read and understand the Rules, Regulations and Guidelines of the Kansas Horse Council, Inc and Equifest of Kansas with regards to participation in this event. I agree to abide by those Rule, Regulations and Guidelines. I further agree to hold Kansas Horse Council, Equifest and representatives harmless for any liable action that may occur as a result of said party's actions. This contract will be governed by the laws of the state of Kansas. In addition to damages recoverable by Kansas Horse Council and Equifest management in case of non-compliance, all attorney fees and collection expenses will be the responsibility of the contracted party signing this contract."

Authorized Signature: _____

Date: _____



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Horse Stabling Contract

Remit Form to: Kansas Horse Council/Equifest of KS, 8831 Quail Lane, Suite 201, Manhattan, KS 66502/Fax: 785-539-02928/ Phone: 785-776-0662
 Email: director@kansashorsecouncil.com

Payment Information:

50% of payment is due with contract to secure commitment. Refund of commitment deposit may or may not be refundable, subject to determination per situation presented.

Balance must be paid in full by February 5th, 2021 or forfeiture of deposit will occur.

Deadline for full payment is February 5th, 2021. This is to ensure stall assignment and inclusion in event program as well as sufficient time for any promotional advertising.

- **Checks** may be made payable to Equifest of KS. Please mail to: KHC/Equifest of KS/8831 Quail Lane, Suite 201, Manhattan, KS 66502
- To be invoiced for **online payment** ability circle request here: **YES, PLEASE INVOICE FOR ONLINE PAYMENT**
- Credit/Debit Card information may be listed here for **manual card processing**:

\$ Amount to Process:

Card Number:

Expiration Date:

Security Code:

Name on Card:

Billing Zip Code:

Sign for authorization to process: _____

For Office Use:

Payment Type Received:

Date Received:

Balance Remaining: