

**THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.**  
ABN 51 590 953 920

**NATIONAL SADDLE HORSE REGISTER LEASE AGREEMENT.**

February 1992, October 2010, July 2011 Edition

Agreement made the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

between the Lessor/s

\_\_\_\_\_ of  
(name of owner/s)

\_\_\_\_\_  
(address of owner/s)

in the State of \_\_\_\_\_

AND the Lessee/s

\_\_\_\_\_ of  
(name of Lessee)

\_\_\_\_\_  
(address of the Lessee)

in the State of \_\_\_\_\_

**WHEREBY IT IS AGREED AS FOLLOWS:**

1. The Lessor/s agree to let and the Lessee/s agree to take on Lease of the Pony/Galloway/ Hack hereafter referred to as the horse:

Named \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Foaled \_\_\_\_\_ Colour \_\_\_\_\_ Brands n/s \_\_\_\_\_ o/s \_\_\_\_\_

Registered with the National Saddle Horse Register on (date) \_\_\_\_\_

Registration No. \_\_\_\_\_

2. The Term of the Lease (being for a period of not less than six months) shall commence on \_\_\_\_\_ for period of \_\_\_\_\_ year/s and expire on \_\_\_\_\_

The purposes for which the horse is leased by the Lessee/s for are preparation and training for and competition in the Discipline/s of \_\_\_\_\_ and associated activities. The Horse shall not be used for any other purpose without the permission of the Lessor/s.

3. The Lease may be terminated by the Lessee/s on not less than one weeks notice in writing provided that in the opinion of the Lessee/s the Horse is not satisfactory for the purpose/s of \_\_\_\_\_ The horse shall then be returned to the Lessor/s at the Lessor/s address at no expense to the Lessor/s.
4. The Lessee/s at his (hers or theirs) expense shall provide the horse with proper food, stabling and paddocking and shall do all that is reasonably considered necessary to keep the horse in sound health and condition including the provision as required of all necessary Veterinary Treatment by a Veterinary Surgeon of his (hers or theirs) choice.
5. During the Term of this Lease the Lessee/s shall have absolute discretion and control in and over all matters connected with the horse for the purposes mentioned above including the entering of the horse in Competitions and shall pay all expenses in connection with such matters (including Registration and Entry Fees) and be entitled to retain any Prize money.
6. Entries for all Competitions shall be made in the name of the Lessor/s as Owner with the Lessee's name as Exhibitor/Competitor unless the Lessor agrees to the nomination of another Rider at the request of the Lessee.
- .7. The Lessee shall not assign his (hers or theirs) interest in the horse under this agreement or lend or part with the possession of the horse without the written consent of the Lessor being first obtained.

8. The Lessee/s acknowledge having inspected and/or ridden the horse and has/have relied on his (hers or theirs) own judgement in deciding to lease the horse and that the Lessor shall be under no liability to the Lessee/s for any injury, loss or damage suffered by the Lessee/s caused by the horse, whether being ridden by the Lessee/s or not.

Signed by Lessor/s (1) \_\_\_\_\_ In the presence of \_\_\_\_\_  
(witness)

(2) \_\_\_\_\_ In the presence of \_\_\_\_\_  
(witness)

SHC Assoc. & Member No. \_\_\_\_\_

Signed by Lessee/s (1) \_\_\_\_\_ In the presence of \_\_\_\_\_  
(witness)

(2) \_\_\_\_\_ In the presence of \_\_\_\_\_  
(witness)

SHC Assoc. & Member No. \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_

in the State of \_\_\_\_\_ being the person whose name appears as **the attesting witness** to the above Lease hereby declare that I was present at (Place) \_\_\_\_\_

on the \_\_\_\_\_ day of 20 \_\_ and saw \_\_\_\_\_

sign the above instrument and I thereupon signed my name as attesting witness thereto.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_

\_\_\_\_\_  
(signature of witness)

**FEE from 1<sup>st</sup> October 2010: \$40.00 GST Incl.**

**Payment by Cheque/Money Order/Credit Card**

**Payable to The Show Horse Council of Australasia Inc. P.O. Box 776, Richmond N.S.W. 2753**

CREDIT CARD PAYMENT OPTION: I wish to pay by  Mastercard  Visa

Amount: \$..... Expiry Date: .....

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: :.....

Cardholder's signature: .....(Ph.....)