

MSSH Mechanics N Motion Clinic Contract

This clinic contract is made and entered into on this _____ day of _____ 20____, by and between, Mark Shaffer, hereinafter designated "Clinician", and _____, hereinafter designated "Clinic Host".

Clinician will charge: _____ USD for services. Clinician agrees to provide services to "Clinic Host"

Clinic Host Contact Info:

Address:

Phone:

Email:

Venue Location :

Venue Address:

1.} Clinician agrees to provide services for a ___ day clinics at the above mentioned location.

2.} Clinician agrees to make all necessary travel arrangements.

3.} Clinician reserves the right to make any changes on the agreed clinic date no later than 90 days prior to the agreed clinic date.

4.} Clinician agrees to refund 50% of deposit if cancelation is made 90 days prior to agreed date.

1.} Clinic Host agrees to make 500.00 USD deposit payment at time of booking. Deposit is refundable less a 250.00 cancelation fee if cancelation is made 90 days prior to agreed date.

acceptable methods of payment. check, money order, wire transfer, credit card

2.} Clinic Host agrees that any changes or cancelations must be completed 90 days prior to agreed clinic date.

3.} Clinic Host agrees to surrender deposit if cancelation is made within 90 days of agreed clinic date.

4.} Clinic Host agrees to provide Clinician full financial payment at the completion of service.

5.} Clinic Host agrees to have all participants sign a "Release Of Liability Waiver" prior to the beginning of the clinic. Waiver must release Mark Shaffer of any liability. The bottom of the waiver should read the below mentioned.

Warning: Under (Your State}

_____ State Law

An equine Professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Should either party breach this contract, the breaching party shall pay for the other's court costs and attorney's fees related to such breach.

This agreement is non-assignable and non-transferable, except as stated above. This contract is made and entered into the state of Washington and shall be enforced and interpreted under the laws of this state. Should any clause above be in conflict with state law, that individual clause

shall be null and void.

This contract represents the entire agreement between the parties. No other agreements or promises, verbal or implied are included unless specifically stated in this written contract. Additional agreements should be individually initialed by each party. When Clinician & Clinic Host sign this contract, it will then be binding on both parties, subject to the above terms and conditions.

_____ Date
e _____ Clinic Host

_____ Date
e _____ Clinician - Mark Shaffer