



OFFICE USE ONLY Date Recieved: _____ Approved by : _____

ISWHA Lease Authorization Form

Horse's Name **ISWHA Registration #** **CAP #**

The above Horse has been leased from:

Owner **ISWHA Member Number**

To:

Leasee **ISWHA Member Number**

Date Effective: _____ **and Ending** _____
(dd/mm/yyyy) (dd/mm/yyyy)

A Lease term can be no longer those three (3) years. A lease may be renewed as many times as desired. If the ending date is left blank, the lease term will automatically be three years.

While the horse is under lease, the lease is authorized to sign all pertinent documents pertaining to this horse under the rules and regulations of the ISWHA during this period. At the expiration of which period, the Lease's authority is terminated.

Note that this lease is for signing authority with the ISWHA only. All other terms, conditions, and liabilities are to be covered by a separate document solely between the owner and Lease. The ISWHA cannot be held liable for any actions, debts, injury, or death, of either parties, or the horse, involved in this contract.

 Signature of Owner Date (dd/mm/yyyy) Signature of Leasee Date (dd/mm/yyyy)

Owner Surname **Given Names** + **Phone # (inc Country code e.g. +44-)**

Full postal address State/Country Country

E-mail **Website**

Leasee Surname **Given Names** + **Phone # (inc Country code e.g. +44-)**

Full postal address State/Country Country

E-mail **Website**