



2019 AWPA STALLION SERVICE ACKNOWLEDGMENT

****STALLION OWNERS TO COMPLETE HIGHLIGHTED PORTIONS****

Stallion Name: _____

Stallion Sire: _____

Stallion Dam: _____

- Purchaser hereby acknowledges that I/we purchased a breeding to the above-named stallion to be used during the 2019 breeding season to a mare of my/our choice, after having made the high bid and being declared the Purchaser of the sale by auction.
- Minimum bid on any stallion service is \$1000.00
- The Breeding Rights are non-transferable unless the stallion owner approves a transfer of the Breeding Rights;
- Purchaser must comply with the requirements of the above-mentioned stallion’s breeding contract, including, but not limited to health papers, vaccinations, normal fees and miscellaneous charges listed below;
- Payment for the full purchase price is due within five (5) days of the closing date/time of the stallion auction;
- The Breeding Rights will transfer to the Purchaser only once timely payment has been delivered pursuant to the terms of this Breeding Agreement;
- The stallion may be sold and/or relocated during the above-mentioned breeding year. If the stallion is sold and/or relocated, the Purchaser will be responsible for any increased costs that may arise as a result of such relocation;
- In the event the stallion owner, by reason of death or injury of stallion, is unable to fulfill this agreement, the breeding fee will be refunded without interest, unless frozen semen is available.
- The Breeding Rights are subject to the rules and regulations of the Arabian Western Pleasure Association.
- Stallion Owner agrees to purchase the service for the minimum amount should a greater bid not be attained
- **Damages.** In the event that Purchaser fails to comply with the conditions of the sale, the Arabian Western Pleasure Association (“AWPA”) may terminate this Agreement and retain all payments as liquidated damages, or may, without further notice, pursue any and all remedies available at law or in equity, including without limitation, an action for specific performance.
- **Release and Indemnification.** Stallion Owner (as identified below) for themselves, their spouse, legal representative, heirs and assigns, hereby releases, waives, discharges and agrees to indemnify AWPA, AWPA’s officers, directors and members from all liabilities to Stallion Owner, Stallion Owner’s spouse, legal representative, heirs and assigns for any loss or damage past, present or future on account of Stallion Owner’s donation of this Breeding at AWPA’s stallion breeding auction.
- **Governing Law.** Ohio law applies to this Agreement without regard to any choice-of-law rules that might direct the application of the laws of any other jurisdiction. Any action respecting this Agreement will be brought in Franklin County, in the State of Ohio.

ALL STALLION CORRESPONDENCE TO AWPA SHALL BE DIRECTED TO:

ARABIAN WESTERN PLEASURE ASSOCIATION C/O REBECCA FULKERSON 438 Barricade Ln. / Dorschester, SC 29437

843-670-3036/rfulkersonwest@gmail.com/arabianwesternpleasure1@gmail.com
www.arabianwesternpleasure.com



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STALLION OWNER INFORMATION:

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____
PHONE NUMBER: _____ EMAIL: _____
WEBSITE: _____

STALLION CONTACT INFORMATION:

[] CHECK THIS BOX IF THIS IS THE SAME AS OWNER
STANDING AT: _____ AGENT: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____ EMAIL: _____
WEBSITE: _____

STALLION BREEDING FEES ASSOCIATED WITH AUCTION BREEDING: (MARK ALL THAT APPLY)

TRANSPORTED SEMEN AVAILABLE (Y/N): _____ FROZEN SEMEN AVAILABLE (Y/N): _____
HANDLING/COLLECTION FEE: \$ _____ CONTAINER DEPOSIT FEE: \$ _____
SHIPMENT OUTSIDE OF USA AVAILABLE (Y/N): _____ AUCTION BOOKING FEE: \$ _____
MARE CARE PER DAY: \$ _____ BOARD PER DAY: \$ _____
MISC FEE AMOUNT AND DESCRIPTION: \$ _____
SIGNATURE OF STALLION OWNER OR REPRESENTATIVE: _____

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PURCHASERS INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

PAYMENT INFORMATION: CHECK CREDIT CARD

MAKE CHECKS PAYABLE TO AWPA

CREDIT CARD NUMBER: _____

NAME ON CARD: _____

ADDRESS FOR CARD: _____

EXP DATE: _____ CODE: _____

CARD HOLDER SIGNATURE: _____

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