



EQUINE TRAINING, BOARDING AND EVENT FACILITY

Clinician Contract

Confirming our prior correspondence, this contract confirms that **Kenton Wright** is available and willing to teach

Dates Requested: _____

Clinic Location: _____

Address: _____

Contact person: _____

Cell Phone: _____

E-mail: _____

Compensation:

The agreed-upon fee is \$_____ for _____ hours of teaching time per day. If you choose to schedule overtime rides, you will be charged \$_____ per hour or _____ per ride up to a maximum of _____ hours of overtime.

Travel and Miscellaneous Expense:

The following expenses will be paid by the event:

1. Economy Advanced Purchase Airfare from **Walla Walla, WA** to (airport) _____ and return; or if driving, \$_____ (IRS business rate) per mile. (2019 = .58 per mile)
2. Reimbursement for travel expenses to and from home airport, shuttle or mileage and airport parking.
3. Hotel/motel lodging for _____ nights (non-smoking).
4. All meals while traveling and at the event, or a meal per diem of \$ _____ per day.
5. Transportation from the airport to the hotel/motel and to the event grounds and return will be supplied by the event, or reimbursed to Kenton Wright.
6. Compensation and expenses reimbursement will be paid to the Kenton Wright at the conclusion of the event.

Cancellation:

Should this event be cancelled for any reason after this contract has been signed by both parties, the event agrees to pay Kenton Wright as follows:

1. If event cancels this contract two months or more prior to the events, Kenton Wright shall receive no compensation other than expenses incurred, including but not limited to change fee for airline ticket if purchased by Kenton Wright.
2. If the event cancels this contract less than two months prior to the event, Kenton Wright shall receive _____ plus expenses incurred including but not limited to change fee for airline ticket, if purchased by Kenton Wright.
3. If Kenton Wright must cancel at any time, Kenton Wright shall forfeit all compensation for the event, and shall reimburse the event for any non-recoupable expense incurred.

I agree to the terms of this contract: (sign both copies, and return one copy to Kenton Wright.)

Event Organizer

Kenton Wright

Kenton's preferences:

In morning: _____ In afternoon: _____

Particular diet requirements: N/A (For co-clinics with Jessica Wisdom a very strong allergy to all NUTS)

Kenton's Emergency contact during event: Tiffany Wright (509) 386-3410

Jessica Wisdom (253) 230-9764