



INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This Indemnification and Hold Harmless Agreement (the "Agreement") is entered into by the undersigned (the "Applicant"), in connection with the transfer of registration of the American Saddlebred Horse (the "Horse") identified as follows:

Horse Name: _____ Registration #: _____ Sex (S, M, or G): _____

Markings: _____

RECITALS:

The Applicant has requested that the Registry of the American Saddlebred Horse and Breeders Association, Inc., transfer the registration of the Horse into the name of the Applicant.

ASHBA has agreed to transfer the registration of the Horse to the Applicant, provided that the Applicant enter into this Agreement.

NOW, THERFORE, in consideration of the recitals, the payment of all required fees, and other consideration, the adequacy and sufficiency of which are hereby acknowledged and confessed, the Applicant agrees as follows:

The Applicant represents and warrants that the Applicant has sole legal title to, and possession of, the Horse and that no other person or entity has any claim of right of ownership or possession of the Horse.

The Applicant indemnifies and holds harmless ASHBA and its members, directors, officers, employees, and each of their respective heirs, successors, and assigns (collectively, the "Indemnified Parties"), from and against any burden, loss, damage, cost, fee, expense, including without limitation, legal fees and expenses, court costs, and costs and expenses of appeal, that may be incurred by the Indemnified Parties arising out of, in connection with, or as the result of the transfer of the Horse in the name of the Applicant.

The obligations of the Applicant pursuant to this Agreement shall be binding on the heirs, successors, and assigns of the Applicant.

IN WITNESS WHEREOF, the Applicant has entered into this Agreement as of _____, 20_____.

Affiant's Signature

Print Name

Address: _____

City/State/Zip: _____

NOTARY PUBLIC (Required)

State of _____ County of _____

Subscribed and sworn to before me by _____

this _____ day of _____, 20_____.

(Notary Public)

SEAL:

My Commission Expires: _____

Return completed form by email to saddlebred@asha.net, fax 859-259-1628 or mail to: ASHBA, 4083 Iron Works Parkway, Lexington, KY 40511