

PLEASE READ CAREFULLY

THE UNDERSIGNED (“TRAINER”), INDIVIDUALLY AND AS AGENT OF ALL OWNERS OF HORSES STABLED AS A RESULT OF THIS APPLICATION, REQUESTS THAT PINNACLE RACE COURSE (“PRC”) ASSIGN ONE STALL FOR EACH HORSE LISTED IN THIS APPLICATION. IN THE EVENT PRC GRANTS THIS REQUEST IN WHOLE OR IN PART, TRAINER AGREES:

1. Trainer agrees to thoroughly clean all stalls when the stalls are vacated or pay PRC \$20 cleaning fee for each stall left unclean.
2. Trainer will abide by all laws of the State of Michigan, the rules and regulations of the Michigan Gaming and Control Board and all decisions by the Stewards.
3. Trainer will abide by the rules and regulations contained in the “Condition Book,” copies of which are available from the Racing Secretary and/or Security Office. Trainer understands that the rules and regulations contained in the “Condition Book” are subject to change and that all such changes are fully binding by amending the “Condition Book,” issuing a new “Condition Book” or by posting such changes.
4. Trainer will request the permission of the Racing Secretary to stable any horse not identified in this application. In the event that the Racing Secretary grants a request to stable a horse not identified in this application, Trainer understands that the obligations imposed pursuant to this application fully apply to such horses. Notwithstanding the foregoing, Trainer acknowledges that any horse stabled or boarded on the premises without the approval of the Racing Secretary is subject to the terms of this application.
5. Trainer will upon the request of the Racing Secretary remove a horse if the Racing Secretary believes that (1) a horse does not participate in the racing program, (2) a horse does not fit the racing program or (3) after consulting with State veterinarian, the horse should be removed for the protection of persons, animals or property located on the premises.
6. Trainer will vacate the premises within 24 hours after notification by the Racing Secretary of a violation of the terms of this application. If stalls, horses, equipment and personnel are not removed from the premises within 24 hours after such request, Trainer authorizes PRC to remove horse(s) and equipment to any other location. Trainer agrees to pay the cost of transportation, storage, care and boarding if such action is taken by PRC and understands that PRC may enforce its lien rights pursuant to MCLA § 670.186 in connection therewith.
7. Trainer authorizes the search of all areas assigned by PRC or equipment owned by Trainer with or without cause and without a search warrant. Trainer also authorizes the seizure of any drug or mechanical device.
8. Trainer will be fully and completely responsible for damages to persons and property caused by Trainer’s employees, agents and visitors.
9. Trainer acknowledges that horse racing, and all activities associated therewith, are dangerous activities. As a result, Trainer assumes all risks of damage to persons and property while on the grounds of PRC.
10. Trainer will file with the Racing Secretary a certificate of insurance indicating satisfactory Worker’s Compensation coverage. The certificate of insurance must provide that PRC will be given at least 30 days prior written notice by the Insurer of any cancellation or material change in coverage. Trainer will not be allowed on the premises until the appropriate certification is filed. In the event Worker’s Compensation coverage is optional under Michigan Worker’s Compensation Law, the undersigned agrees to obtain Worker’s Compensation coverage voluntarily.
11. The decision of the Racing Secretary on all stall application and allocation matters is final and binding.
12. Trainer understands that by signing this application Trainer shall be liable for their own acts and omissions as well as those of their agents, independent contractors and employees to the same extent as would be provided at law without this provision.

WORKERS COMPENSATION INSURANCE INFORMATION	
<i>(Must be completed by applicant)</i>	
Send a copy of Certificate of Worker’s Compensation Insurance	
Name of Insurance Company:	
Policy No.:	Expiration Date:
Local Agent	

TRAINER: _____
 (Signature)

Date: _____