

EQUINE MAGNAWAVE SESSION RELEASE

Owner's Name _____ Date _____

Email _____ Phone Number _____

Barn Address _____

City _____ State _____ Zip Code _____

Horse's Name _____

Veterinarian & Contact Info _____

Has Horse been or being treated for _____

EPM _____ Toxicity _____

Start Date of Treatment _____ End Date of Treatment _____

PEMF creates more cell permeability, thus medications and liniments may be absorbed more than efficiently.

Current Medications _____

I hereby state that I am at least 18 years of age and have read, understand and agree to this Release Statement, that it is an informed release and that I intend to be legally bound by it. I understand the information below is intended for my safety and that of my horse(s).

No one has made any representations or claims to me of any treatment or cure of any disease or condition; or any promise of any specific or general results of any kind.

I release from all general, medical and any other liability or claims of any kind; and, I indemnify and hold harmless the MagnaWave magnetic pulse generator, the manufacturer, distributor, dealer and any of their employees or agents from any claim arising from or related to my use of the magnetic pulse generator.

Horse Owner Signature _____

Optional _____

I (trainer name printed) _____

have permission to use MagnaWave on (horse's name) _____ on behalf of
(horse's owner) _____.