



Cappel Training & Shoeing Sessions Release Form 2022

Today date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Horse name _____ age _____ Type _____ Sex _____

Coggins date _____

Emergency contact # _____ Relationship _____

Lessons _____ Shoeing _____ Clinic _____ Other _____

I understand the following warning: UNDER MISSOURI LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACITIVITIES PURSUANT TO REVISED STATUES OF MISSOURI.

OWNERS NAME PRINT _____

SIGNATURE _____ Date _____

GUARDIAN IF UNDER 18 _____

Dennis Cappel Horsemanship _____

Dennis Cappel Horsemanship LLC release

I HAVE PLACED THE ABOVE NAMED HORSE AND RIDER IN THE CARE OF DENNIS CAPPEL HORSEMANSHIP LLC AND WILL NOT HOLD THEM RESPONSIBLE FOR ANY ACCIDENTS OR INJURY REGARDING THIS ANIMAL OR RIDER DURING THE DURATION OF TRAINING OR LESSONS

SIGNATURE _____

Guardian if under 18 _____