

Equine Magnawave Session Release

Owner's Name: _____ Date: _____

Email: _____ Phone: _____

Barn Address: _____

City: _____ State: _____ Zip Code: _____

Multiple Horses receiving service today? () YES () NO

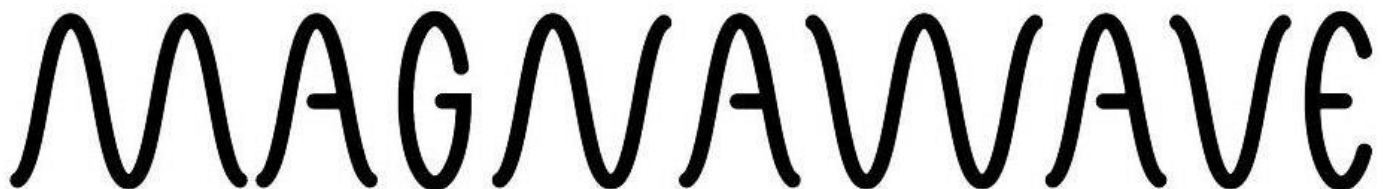
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Release-

PEMF creates more cell permeability, thus medications and liniments may be absorbed more efficiently. 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 CL Equine & Livestock, their employees and agents, 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. I understand that I am held liable for any damage caused by myself or my animals to accessories or machinery used during PEMF sessions and will be billed accordingly and held liable until damaged accessory or machinery is replaced or paid for.

Owner's Signature: _____ Date: _____

Trainer/Barn Manager Signature: _____ Date: _____



MAGNAWAVE