Hoof Rehab Clinics
with Pete Ramey

Date.....

To be signed by all those attending the clinic. Persons under 18 must be accompanied by a parent or guardian (both must be paid, registered attendees).

I, the undersigned, understand and acknowledge that being in close proximity to horses is a dangerous activity and that all horses can act in a sudden and unpredictable manner.

I understand and acknowledge that serious injury or death may result from all horse related activities. I am knowingly endangering myself every time I get near a horse.

I have read, I understand, and I agree to everything stated on the description pages titled PeteRameyClinics, 2DayClinicHost, ClinicParticipants, and ClinicHorse on the website HoofRehab.com.

I agree:

1 *Not to drink alcohol or take illegal drugs during or prior to the clinic.*

2 *To immediately report any injury to myself or horse to the instructor.*

3 *I acknowledge that this clinic is only an **introduction** to the principles of the hoof trimming/booting/shoeing and any consequences of my decision to apply what I learn rest with me alone.*

4 *I understand that any recommendations made at the clinic are the opinions of those presenting the clinic and are not intended to replace veterinary advice or care.*

5 *I agree that I will not hold Pete Ramey, Ivy Ramey, their heirs, Hoof Rehab, clinic hosts, or the venue owners responsible for any accident or injury to myself or property. I come at my own risk, and will hold all others blameless.*

6 *I agree that I will not hold Pete Ramey, Ivy Ramey, their heirs, Hoof Rehab, clinic hosts, or the venue owners responsible for any accident or injury which my horse may suffer during, after, or perceived to be because of the work performed at the clinic, or applied by myself or someone else, later. I know that hauling horses is dangerous. I know that horses are often unpredictable when they are moved to unfamiliar environments, and that this increases the chance of accidents. I knowingly assume this risk.*

7 *I understand that I will be working in a group situation and that I am responsible for my own safety.*

Please sign and print your name

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