

THE BAREFOOT BLACKSMITH

Sound horses.....naturally.

HOOF TRIMMING CLINIC REGISTRATION, BIOSECURITY, WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT.

I, (name) _____

Of (address) _____ **Postcode** _____

Phone: _____ **Email:** _____

in the State of _____

(“the Releasor”) state:

I understand and acknowledge that working with horses has a number of inherent and/or obvious risks and may result in serious injury and/or death. An inherent and/or obvious risk may include, but is not limited to:

- (a) the tendency of a horse to behave in ways that may result in injury or death to persons on or around the horse;
- (b) the unpredictability of a horse’s reaction to sounds, sudden movement, unfamiliar objects, persons or other animals;
- (c) hazards including but not limited to surface or subsurface conditions;
- (d) a collision with another horse, another animal, a person or an object; and
- (e) the potential of a handler to act in a negligent manner that may contribute to injury or death to the handler or other persons including but not limited to failing to maintain control over a horse or failing to act within the ability of the handler.

I further understand and acknowledge that:

- (a) I will be working in a group and that I will at all times be responsible for my own safety and actions, and those of my horse or any horse I am working on.
- (b) I understand that I am responsible for the safety and behavior of the horse/s that I bring to the clinic and am responsible for the actions of this horse should it injure any person or animal during the clinic.
- (c) A component of the clinic is trimming equine cadaver legs and that if I don’t feel comfortable with this, the instructors are happy for me not to participate in this part of the “hands on” work at the clinic but just to observe the cadaver trimming.
- (d) This clinic is an introduction to the principles of the barefoot trim and in certain circumstances there may be contra-indications to the trim and my decision to apply the trim to my horse rests with me alone.
- (e) I may not attend the clinic with a stallion or unbroken horse without the prior permission of the instructor/s.
- (f) Any recommendations made at the clinic are the opinions of those presenting the clinic and are not intended to replace veterinary advice
- (g) If at any time the instructor/s feel that the actions of my horse may cause a safety risk to those around me that I will be asked to leave the clinic immediately or just partake as an observer
- (h) Consumption of alcohol or mind altering drugs is dangerous before the clinic and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law during the clinic.
- (i) I am to immediately report to the instructor of any injury to myself or my horse and the manner of the occurrence of the injury.
- (j) I agree to follow the directions of "the releasor" and that any misconduct or refusal by me to follow any direction of the releasor can result in the cancellation of the participation in this clinic. I understand that any such non compliance may result in injury, death and/or permanent disability and I agree to indemnify "the releasor" of all claims made by any person as the result of my failure to comply.

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In consideration, therefore, for being allowed to participate in the clinic at (“the property”)_____

On (date)_____ in the state of _____, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby indemnify and agree to hold harmless Andrew Bowe, Nicole Bowe and all of their employees agents or servants (“the Releasee”) and release them from any liability or responsibility for accident, damage, injury or illness, including the provision of or participation in rescue and/or first aid procedures, to myself, any horse owned by me or in my care or to any family member or spectator accompanying me whilst participating in the clinic and subsequent trimming and handling of any horse at any time after the clinic.

The horse I am bringing to the clinic can be described as:

Name: _____

Breed: _____

Colour: _____

Age: _____

Sex: _____

Address of property horse is coming from: _____

PIC (Property Identification Code) of property horse is coming from: _____

Microchip number (if applicable): _____

Current Use: _____

Vaccination History: Current for Strangles -

Current for Tetanus-

Other -

The horse named above: is not scouring

has no nasal discharge (without purulent infections)

has clear eyes (without purulent infections)

has healthy skin (without ringworm or lice)

has normal observations (ie heart rate, respiration)

Current health: _____

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Previous health issues:

I warrant that the above described horse is in good health and is not predisposed to or harboring any conditions that I have not listed.

I warrant that I:

- (a) Have read and understood this document and the rights that I am giving up by signing it;
- (b) Have signed this document freely and voluntarily without any inducement or coercion by the Releasee;
and
- (c) Acknowledge the Releasee is relying on the representations made by me in this document.

This release and indemnity shall apply in relation to the premises and operations of the Property including riding, handling and otherwise being near horses owned by me or in the care, custody and control of the Releasee.

Dated: _____

Signed: _____
("the Releasor")

Signature of Witness: _____

Name of Witness: _____

Address of Witness: _____
