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 perme absorbed more than efficiently		ons and liniments may be
Current Medications		
I hereby state that I am at least 18 to this Release Statement, that it bound by it. I understand the infomy horse(s).	is an informed release	and that I intend to be legally
No one has made any representa any disease or condition; or any p		2
I release from all general, medica I indemnify and hold harmless th manufacturer, distributor, dealer arising from or related to my use	e MagnaWave magneti and any of their emplo	c pulse generator, the oyees or agents from any claim
Horse Owner Signature		
Optional		
I (trainer name printed)		
have permission to use MagnaWave c (horse's owner)	on (horse's name)	on behalf of .

