

# EQUINE MAGNAWAVE PEMF SESSION RELEASE

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ Phone Number \_\_\_\_\_

Horse's Name \_\_\_\_\_ Email \_\_\_\_\_

Horse's Veterinarian & Contact Info \_\_\_\_\_

Has Horse been or being treated for \_\_\_\_\_

EPM \_\_\_\_\_ Toxicity \_\_\_\_\_

Start Date of Treatment \_\_\_\_\_ End Date of Treatment \_\_\_\_\_

**MagnaWave creates more cell permeability, thus medications and liniments may be absorbed more than intended.**

Current Medications \_\_\_\_\_

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 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.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

**MAGNAWAVE**  
MAGNAWAVEPEMF.COM