

Release and Acknowledgment of Liability

Name: _____

Address: _____

Phone Number: _____ Email: _____

I know and understand that by signing this release and acknowledgment form I am giving up any and all opportunity to take legal action should I incur personal injury and or including death while at the Energy Equine Veterinary Clinic.

I further acknowledge by signing this form, that I release Energy Equine Ltd and its associates from any liability related to any incident caused by negligence including, but not limited to; injuries (known and unknown), mental stresses or trauma, death or property damage.

I understand that working with and around equines (living or deceased), farm and/or veterinary equipment (including surgical tools) is inherently dangerous and it remains my duty to look out for my personal safety and to ask for assistance where my personal understanding of safety procedures is lacking or I feel uncomfortable. It is also my responsibility to listen to and abide by all safety instructions given by Energy Equine Ltd and its associates.

I _____ (please print name) have read and understand, and freely and willingly enter into this agreement which will release Energy Equine Ltd and its associates from any liability and negligence while on their property or while working with their professionals/employees/associates.

Signature:

Date:
