

2024 Cappel Horse Training Check List

Horse Training includes:

1. Essential Groundwork to Riding Skills
2. Board
3. Hay: endless supply
4. Feed: bring your own
4. Lessons: Weekly (\$540 value) or receive update
contact Cindy to schedule 314-486-4064 or cindy@cappelandcappel.com

Monthly Training fee:

- 90 days - \$3,250 (most purchased savings \$500)
60 days - \$2,250
30 day - \$1250
Payment Due upon arrival

Your requirement:

1. Feed
2. Bring 1 Wormer of your choice
3. Contact Cindy to schedule your
Lessons 314-486-4064 or email info@cappeltrainingandshoeing.com
4. Plug in to our endless resources- FB, You Tube, books, online courses
5. Training Form – see attached please fill out and return or bring
6. Photo Release permission to use your horse on social platforms
7. Payment due when horse is delivered if paying by check make out to
Dennis Cappel Horsemanship or Dennis Cappel.

Relax and Enjoy trust the process!

*Mindful Riding,
Dennis & Cindy*

Dennis Cappel Horse Training and Shoeing Training Form 2024

Today's date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Horse name: _____ Age: _____ Breed: _____ Sex: _____

Does your horse run out with other horses Yes _____ NO _____

Coggins date _____

Shots _____ date _____

Last wormed _____

Vet name and number _____

Do you have equine liability Insurance Yes ___ No ___ Co. Name _____

Payment form check _____ cash _____ Credit Card _____ online through site _____ other _____

Goal with your horse _____

I understand the following warning: UNDER MISSOURI LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACITIVITIES PURSUANT TO REVISED STATUES OF MISSOURI.

OWNERS NAME PRINT _____

SIGNATURE: _____ Date _____

GUARDIAN IF UNDER 18 _____

Dennis Cappel Horsemanship LLC release
I HAVE PLACED THE ABOVE-NAMED HORSE AND RIDER IN THE CARE OF DENNIS CAPPEL HORSEMANSHIP LLC AND WILL NOT HOLD THEM RESPONSIBLE FOR ANY ACCIDENTS OR INJURY REGARDING THIS ANIMAL OR RIDER DURING THE DURATION OF TRAINING OR LESSONS

SIGNATURE _____

Guardian if under 18 _____

VIDEO RELEASE FORM

I, _____, hereby grant permission to **Dennis Cappel Horse Training & Shoeing**, the rights of my image and/or my horse image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image and/or my horse image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of such image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;
- News (Press);

By signing this release, I understand this permission signifies that photographic or video recordings of me and/or my horse may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____

