

Cappel Training and Shoeing Form 2026

Today's date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Additional Contact number _____ Relationship _____

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 _____

Read and SignMissouri Equine Law

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 _____

2026 Horse Training Program Overview & Checklist

Training includes:

Essential Groundwork and Riding Skills

Boarding

Hay

Feed (bring your own if a specific kind)

- Owner Involvement: monthly session, weekly updates
- Optional additional lessons:
Available at a discounted rate. Thursday – Saturday.
Must schedule in advance to guarantee a spot.
Contact Cindy to schedule:
info@cappeltrainingandshoeing.com or 314-486-4064 text or call

Training Prices

90 days - \$3,250 (most purchased savings \$500)

60 days - \$2,250

30 day - \$1250

Payment Due upon arrival

*No refunds

Signature _____ Date _____

Your requirement:

1. Feed
2. Bring 1 Wormer of your choice
3. Training Form – see attached please fill out and return or bring
4. Photo Release permission to use your horse on all social platforms
5. Payment due when horse is delivered if ***paying by check*** make out to Dennis Cappel Horsemanship or Dennis Cappel.

In appreciation,

Dennis & Cindy

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 _____

