The Equine Touch

Helping horses by educating humans

The Equine Touch Foundation proudly presents:

The Equine Touch Clinic

A 3-Day 'hands on' course for horse lovers

3 days to change your life, and that of your Horse.

Equine Touch Instructor: Janis Hobbs

Date: March, 2010

Location: Hobart area (Campania), Tas

Thank you for your interest in The Equine Touch. This sheet contains important information. Please keep it for future reference.

CLINIC SCHEDULE: The clinic is held over three days, (Saturday-Monday, 20th-22nd March, 2010 Level 1 or Friday-Sunday 26th-28th March, 2010 Level 2).

Day 1: 8:30-9:00 a.m: registration. Each day thereafter, we will start at 9:00 a.m. The first two mornings, you will learn and practice the Equine Touch on humans. Bring a change of comfortable clothes and a small towel for the human work, and sturdy shoes and safe clothing for working with horses. The first two afternoons, and all of the last day, will be spent working on horses. Generally, the clinic is finished by 4:00 – 4.30 p.m. every day.

INVESTMENT: The Equine Touch Foundation endeavours to keep course costs to a minimum so your investment for 3 days of education is $550.00 for tuition and support materials.

A deposit of $100 is required to confirm your position on the course. There are 2 options for payment of this:

- Option 1. Direct Credit into bank account:

  Bendigo Bank, Charlton Branch.
  Account Name: Janis Hobbs
  BSB: 633000
  Account No: 124004243

  NB: If you use this option **please put your full name as a reference** to ensure the money is allocated off your fees, and it would be great if you could email or send me a text message to let me know you have credited the account. Contact details listed below.

- Option 2. Send a bank cheque or money order for $100 made out to Janis Hobbs and send to: Janis Hobbs. PO Box 60, Charlton Vic 3525

NB: It would be great if you could give me quick call, email or send me a text message to let me know you have posted the deposit. This way I am aware that it is on the way, and let you know if there have been any 'glitches'. Contact details listed below.
Phone: (03) 5491 2488
Mobile: 0409 403 144
Email: equinetouch@hotkey.net.au

- Please note: In general, deposits are non-refundable. They can be transferred, once only, to a future course. This transfer can only occur if notification is given within 14 days of the first day of the course you have registered for. Obviously exceptional circumstances will always be taken into consideration and this can be discussed with the course coordinator or Instructor.
- Alternative deposit arrangements/amounts can be made with the course coordinator or Instructor however these can not be transferred to another course.
- Any balance outstanding is to be paid before or on the day of the course, prior to commencement. Participants are asked to attend the venue in good time on the 1st day of the course to meet the Instructor and other participants, pay fees etc. This enables a prompt start to your education at the nominated time.

✱Please include the attached application and waiver with your deposit or return the application by email and bring your signed (& witnessed) waiver to hand in on the first morning of the course.

If you have any questions do not hesitate to contact me on the details above.

CLINIC LOCATION:

Your clinic will be held at: "Highwood", Campania, Tasmania

Directions to the venue:

For directions please contact venue owner,
Judy Vervaart (07) 6260 4041.

We look forward to seeing you in March 2010!

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Please return these pages (4-6) to the Instructor. If sending your application by email, please bring signed waiver form to hand in on the first morning of the clinic.

COURSE APPLICATION
[PLEASE FILL IN AND RETURN PROMPTLY]

Janis Hobbs and ***The Equine Touch***

Name _____Date _____

Address:_____

City, State, Postcode:_____

Phone _____ Mobile:_____ E-mail_____

Please indicate which clinic you are applying to attend.

I would like to enroll in the

- ☐ **Foundation** clinic (Level 1) Dates: 20th-22nd March, 2010

Or

- ☐ **Advanced** clinic (Level 2) Dates: 26th-28th March, 2010

Please make clinic cheques payable to Janis Hobbs.

Enclosed is my non-refundable deposit of $100 to reserve my place in the above Equine Touch Clinic. I will participate at my own risk and I am aware of the inherent dangers of working with and around equines.

And now some details to assist us with our Quality Improvement Program:

How did you hear about Equine Touch courses?

Circle/underline or highlight the appropriate response.

- Personal Referral ……
- Local Paper ……
- Magazine Advertisement ……
- Equine Professional ……
- Electronic (email or newsletter)
- Website Link
- ET Practitioner or Student
- Other ……

Janis Hobbs, Equine Touch Instructor.
PO Box 60, Charlton Victoria 3525
Ph: (03) 5491 2488 Mobile: 0409 403 144
Email: equinetouch@hotkey.net.au
Equine Touch International Web site: www.theequinetouch.com.au

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COURSE APPLICATION (continued)

The details contained in this form will be entered on an ETF database for use to inform course participants of future ET courses and other relevant information, and also passed on to the International Equine Touch Association of Australia (IETA). They will not be disclosed to any other parties.
If you **do not** wish your details to be passed on to IETA please circle/highlight/underline the word No. NO

Food (lunches, coffee and tea.) arrangement:
Tea/coffee supplied,
BYO Lunch & cool drinks

Do you have any special dietary requirements?

Do you have **ANY** allergies: For example foods, chemicals, essential oils etc.

What is your occupation?

Briefly describe your experience with horses.

Do you have any health concerns that could make you unable to work safely around horses, or do you have special needs that we need to be aware of? If yes, please describe:

Have you undertaken any previous education in natural/holistic or alternative care, or therapies?

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ACKNOWLEDGEMENT OF RISK/ LIABILITY RELEASE AND WAIVER FORM
(THIS FORM **MUST** BE COMPLETED TO PARTICIPATE)

I hereby apply to participate in the EQUINE TOUCH CLINIC to be conducted
At "Highwood" Campania, Tasmania (near Hobart)
On: (dates) 20th-22nd March, 2010 (Level 1) Or 26th-28th March, 2010 (Level 2)
(Strike out dates not applicable)

and I acknowledge as follows:

a) I fully understand and acknowledge that working with horses has a number of inherent and/or obvious risks and may result in serious injury and/or death. An inherent and/or obvious risk may include, but is not limited to:
b) The tendency for a horse to behave in ways that may result in injury or death to persons around the horse
c) The unpredictability of a horse's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals.
d) Hazards including but not limited to surface or subsurface conditions;
e) A collision with another horse, another animal, a person or an object; and
f) The potential of a handler to act in a negligent manner that may contribute to injury or death to the handler or other persons including, but not limited to, failing to maintain control over a horse or failing to act within the ability of the handler.

I further understand and acknowledge that:

a) I will be working in a group and that I will at all times be responsible for my own safety and actions, and those of the horse I am working with.
b) I understand that I am responsible for the safety and behaviour of the horse/s that I bring to the clinic and am responsible for the actions of this horse should it injure any person or animal during the clinic.
c) Any recommendations made at the clinic are the opinions of those presenting the clinic and are not intended to replace veterinary advice.
d) If at any time the instructor/s feel that the actions of my horse may cause a safety risk to those around me, my horse will not be used during the clinic.
e) Consumption of alcohol or mind altering drugs is dangerous before the clinic and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law during the clinic.
f) I am to immediately report to the Instructor of any injury to myself or my horse and the manner of the occurrence of the injury.
g) I agree to follow the directions of the Instructor and that any misconduct or failure by me to follow any direction of the Instructor can result in the cancellation of the participation in this clinic. I understand that any such non compliance may result in injury, death and/or permanent disability and I agree to indemnify the Instructor of all claims made by any person as the result of my failure to comply.

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I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY. I HEREWITH RELEASE FROM LIABILITY AND WAIVE ANY RIGHT OF RECOVERY FOR ANY INJURY TO MYSELF OR DAMAGE TO MY PROPERTY THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS UNLESS SAID INJURY OR DAMAGE IS THE RESULT OF THE GROSS NEGLIGENCE OF SAID INDIVIDUAL OR ORGANIZATION.

Individuals and organizations:

Jock Ruddock and Dr. Ivana Ruddock and all of their employees, agents or servants;
Janis Hobbs and all of her employees, agents, assistants, agents or servants;
Any Equine Touch Practitioners and students assisting at the clinic;
The owners of the Venue:
Coordinators or hosts of the clinic:

I hereby release them from any liability or responsibility for accident, damage, injury or illness, including the provision of or participation in rescue and/or first aid procedures, to myself, any horse owned by me or in my care or to any family member or spectator accompanying me whilst participating in the clinic and subsequent address and handling of any horse at any time after the clinic.

The above agreement shall be binding on my heirs, successors, assigns, administrators, personal representatives and executors.

I am at least 18 years of age.

Participant's Name (please print)_____

Address_____

Signature _____ Date _____

Witness:_____ Date:_____

Witness Full Name: (please print)_____

Janis Hobbs, Equine Touch Instructor.
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