

HEARTLAND HORSESHOEING SCHOOL

ENROLLMENT APPLICATION



Have you ever done farrier work before? Yes No

Why do you wish to become a farrier? _____

How did you hear about Heartland Horseshoeing School? _____

Your Name: _____

Street Box: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: _____

Email: _____

Date of Birth: _____ Sex: _____

Occupation: _____

I understand that horseshoeing is a dangerous occupation. I fully assume and accept all responsibility for any accident or injury which I may suffer during the period of enrollment. I will pay any and all medical expenses incurred, or carry my own personal insurance in the event that medical treatment is necessary. I further release and discharge **Heartland Horseshoeing School**, its owners and operators, horse owners and land owners upon which training and classes will take place, in all manners from suits, actions, and causes of action under these terms as herein above set forth.

Signature

Signature of Guardian for minor applicants

Date

Date

Please enclose a \$250.00 pre-enrollment deposit and mail this application to:

Heartland Horseshoeing School
327 Southwest 1st Lane
Lamar, MO 64759

Welcome to Heartland Horseshoeing School. We are sure the experiences you will gain here will be both pleasant and profitable. Thank you again for your interest. If you have any further questions, please don't hesitate to contact us.
