
The Equine Touch©

Gentle Bodywork for Horses



A unique, gentle, non-invasive, hands-on technique that addresses musculo-skeletal, physical, behavioral and emotional problems with astounding results

Foundation Class - August 22-24, 2008 \$450

Advanced Class - August 23-25, 2008 \$450

Willow Hill Equine

N3464 County Road D Bay City, WI 54723

(651) 503-2700 willowhillequine@gmail.com

Equine Touch is a non-diagnostic, non-invasive energy-release discipline that works at a complete wholistic level; it addresses the horse as a whole without paying any particular attention to the named problem as such while providing unique procedures for addressing areas of concern. The Equine Touch courses teach a unique set of hands-on procedures to be performed over specific points of the musculoskeletal framework in a specific direction and pattern. When performed with accuracy, integrity, and intent these moves unlock the innate wisdom of the body encouraging it to reset itself and release energy blocks, thus bringing about balance and health on all levels - physical, emotional, and behavioral.

Instructor: Colette Bolster www.kcbequine.com

For more info www.theequinetouch.com



The Equine Touch Foundation Inc.

Please fill out and return both pages promptly to your coordinator
(Polly Remick N3464 Cty. Rd. D Bay City, WI 54723)

NAME _____ DATE _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE _____ E Mail _____

OCCUPATION _____

Please make cheque payable to Colette Bolster Amount enc: _____

Enclosed is my non-refundable deposit of \$150/clinic to reserve my place.

_____ Foundation Clinic August 22-24, 2008 \$450

_____ Advanced Clinic August 23-25, 2008 \$450

(Full price of clinic \$450 - Balance to be paid at start of first day)

Have you ever attended an Equine Touch clinic before? YES/NO

If yes, where and when

_____?

If no how did you learn about this clinic _____?

What experience do you have with the equine

Do you have any recognized qualifications in equine care YES/NO?

If Yes please detail _____

Signature _____ Date _____

The Equine Touch Foundation Inc.

ACKNOWLEDGEMENT OF RISK FORM (THIS FORM MUST BE FILLED IN TO PARTICIPATE)

I hereby apply to participate in the Equine Touch Clinic to be conducted on

Date _____ at _____

I fully understand that that there are inherent risks and dangers in my participation in the above activity and my participation in said activities and use of any equipment related to such activities may result in injury or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers. I agree to follow all the safety rules and to be considerate of animals and property.

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE THAT IT IS MY DECISION 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 NAMED INDIVIDUALS AND ORGANIZATIONS UNLESS SAID INJURY OR DAMAGE IS THE RESULT OF THE SOLE NEGLIGENCE OF SAID INDIVIDUAL OR ORGANIZATION.

Individuals and organizations:

Jock Ruddock and Dr Ivana Ruddock, The Equine Touch Foundation Inc.
Colette Bolster, Instructor
The co-ordinator/host. Facility and Facility owner

The above agreement shall be binding on my heirs, successors, assigns, administration and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of Pennsylvania

I am at least 21 years of age. (If under 21 this agreement must be witnessed by a parent or guardian)

Participants name (PRINT) _____

Address _____

Signature _____ Date _____

Witness _____ Date _____