

Release of Liability Waiver

Flower Farm Visitor Agreement and Assumption of Risk

PLEASE READ CAREFULLY BEFORE SIGNING

This Release of Liability Waiver ("Agreement") is entered into by the undersigned individual (hereinafter referred to as "Visitor") and Dixon Acres LLC. (hereinafter referred to as "Farm") as a condition for participating in activities and entering the premises of the Farm.

1. Acknowledgment of Risk Visitor acknowledges that visiting the Farm, which includes activities such as walking through flower fields, interacting with farm animals (goats and rabbits), and being in the vicinity of active beekeeping areas, involves inherent risks, including but not limited to:

- Tripping, slipping, or falling on uneven terrain, wet grass, or natural obstacles.
- Being bitten, scratched, or otherwise injured by goats, rabbits, chickens, or other animals on the premises.
- Allergic reactions, including those caused by bees, flowers, or other environmental factors.
- Being stung by bees, which may result in severe allergic reactions or other injuries.
- Other potential hazards associated with outdoor farm environments.

Visitor voluntarily assumes all such risks and agrees to take proper precautions, including wearing appropriate clothing and footwear.

2. Release and Waiver of Liability By signing this Agreement, Visitor agrees to release, waive, discharge, and hold harmless the Farm, its owners, employees, agents, and representatives from any and all claims, demands, or causes of action arising out of or related to any injury, illness, loss, or damage sustained by the Visitor while on the premises or participating in Farm activities, including but not limited to those caused by the negligence of the Farm or its representatives.

3. Animal Interactions Visitor understands that the goats, rabbits, and chicken on the Farm are live animals with unpredictable behavior. Visitor agrees to:

- Follow all posted signs and Farm staff instructions regarding animal interaction.
- Supervise children at all times to ensure safe interactions with the animals.

4. Bee Safety Visitor acknowledges the presence of active beekeeping areas on the Farm and understands that:

- Bees may sting, particularly if provoked or disturbed.
- Visitors with known bee allergies must carry appropriate medical supplies (e.g., epinephrine) and notify Farm staff in advance.

- Visitors will not tamper with or approach beekeeping equipment or hives unless under the direct supervision of Farm staff.

5. Supervision of Minors Visitors under the age of 18 must be accompanied by a parent or legal guardian. The parent or guardian accepts full responsibility for the minor's safety and behavior during their visit and agrees to ensure compliance with this Agreement.

6. Assumption of Responsibility Visitor agrees to:

- Comply with all Farm rules, regulations, and safety instructions.
- Refrain from engaging in reckless or dangerous behavior that could harm themselves, others, or the Farm's property.

7. Medical Emergencies In the event of a medical emergency, Visitor authorizes the Farm to provide first aid and contact emergency medical services as deemed necessary. Visitor assumes all financial responsibility for any resulting medical expenses.

8. Photography and Media Release Visitor grants permission for the Farm to use photographs or video recordings taken during their visit for promotional purposes. Visitors who do not consent to this must notify the Farm in writing prior to their visit.

9. Governing Law This Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi. Any disputes arising from this Agreement shall be resolved in the appropriate court of Desoto County, Mississippi.

10. Entire Agreement This Agreement constitutes the entire understanding between the Visitor and the Farm. No other representations, statements, or inducements, oral or written, shall apply or be binding unless expressly incorporated herein.

By signing below, the Visitor acknowledges that they have read, understood, and agreed to the terms of this Release of Liability Waiver. The Visitor further affirms that they are of legal age to sign this document or are signing on behalf of a minor for whom they are legally responsible.

Visitor Name (Printed): _____

Visitor Signature: _____

Date: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature: _____

Date: _____