



Accident Waiver and Release of Liability Form

PLEASE READ CAREFULLY AND THOROUGHLY BEFORE SIGNING

I, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE LITTLE FARM, LLC, INCLUDING BY WAY OF EXAMPLE AND NOT LIMITATION, ANY RISKS THAT MAY ARISE FROM NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES BEING RELEASED, FROM DANGEROUS OR DEFECTIVE EQUIPMENT OR PROPERTY OWNED, MAINTAINED, OR CONTROLLED BY THEM, OR BECAUSE OF THEIR POSSIBLE LIABILITY WITHOUT FAULT.

I acknowledge that this accident waiver and release of liability form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

Assumption of Risk: Event Attendee is aware that riding, handling or working with a farm is very dangerous, with a high risk of serious injury or death, to both the Event Attendee and the farm animals(s). THERE ARE INHERENT RISK OF PROPERTY DAMAGE, INJURY OR DEATH in this activity that no amount of care, caution, instruction, or experience can eliminate. Such dangers include but are not limited to, being thrown from or falling off the animals, being kicked, bitten, stomped on, run into, run over, attacked, equipment failure, etc.

Indemnity Agreement: Event Attendee agrees for himself/herself and his/her heirs, assigns and representatives to INDEMNIFY AND HOLD HARMLESS OWNERS from any and all losses, claims, actions, causes of actions or proceedings of any kind which may be initiated by Event Attendee or by any other person or organization on Event Attendee's behalf, including demands for damages, judgments, costs, loss of services, or expenses arising from activities contemplated by this agreement, including but not limited to reasonable attorney fees incurred by Owner.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant/Guardian Signature

Date

Printed Name of Participant and/or Guardian

If participant is under 18, parent/guardian must sign this document.