

**Whippet Run Farm LLC
12910 W Highway 328
Ocala, FL
860-208-6017**

**ASSUMPTION OF RISK, GENERAL RELEASE, MEDICAL AUTHORIZATION, AND AGREEMENT
TO PAY ALL FEES, COSTS, DAMAGES, ETC. READ CAREFULLY**

The Rider (and/or parent/guardian) hereby acknowledges that he or she knows that working and being around and riding horses is dangerous. Horses can kick and bite and riders can be thrown or fall off horses. Even horses that are normally gentle in nature can shy, bite, kick and throw riders. In particular, many accidents to humans engaged in activities with horses result in injuries to the head and back as well as broken bones and can result in death or disability. The rider/parent/guardian hereby releases Whippet Run Farm LLC and/or Dee and Richard Loveless from any liability for injury to person and property, due to negligence or any other fault that may be sustained in connection with the riding, instruction and boarding of horses, and any associated activities in and about the premises. In addition the rider/owner/parent/guardian hereby releases Dee Loveless from any liability for injury to person and property, due to negligence or any fault that may be sustained in connection with the riding instruction or training provided on any other premises. The rider/owner/parent/guardian also releases Whippet Run Farm LLC and /or Dee and Richard Loveless from all such liabilities listed above on behalf of his/her heirs, executors, administrators, successors, guests and invitees.

The rider/owner/parent/guardian understands that under Florida's law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

The rider/parent/guardian gives consent in advance of an accident or injury to emergency medical treatment. The undersigned consents to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital service that may be rendered under the general or specific instructions of any physician or hospital. The undersigned gives full authority to Whippet Run Farm LLC, Dee and Richard Loveless, employees, agents, hospital staff, and physicians to exercise their best judgment as to the requirements of diagnosis or treatment and to provide all necessary emergency medical treatment.

The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonably and necessarily incurred.

The undersigned acknowledges that he or she has read this release and understands the provisions stated herein.

Signature: _____ Date: _____
Rider and/or parent and/or guardian

Print Name _____

Address: _____

e-mail: _____ Telephone: _____