ASSUMPTION OF RISK, RELEASE OF LIABILITY & WAIVER OF CLAIMS AGREEMENT FOR MINOR PARTICIPANT

In consideration of being allowed to use the facilities and participate in equestrian and other activities (collectively the "Activities") provided by Florida Agricultural Museum, Inc. (the "Host"), the Participant, and the Participant's parent(s) or natural guardian(s) do hereby agree, to the fullest extent permitted by law, as follows:

- a) **TO WAIVE ALL CLAIMS** that they have or may have against the Host, its owners, affiliates, employees, and/or agents arising out of the inherent risks of participating in the Activities and/or use of the Host's equipment ("Equipment"). As used herein, the term, "Equipment" shall include equine animals;
- b) TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE ACTIVITIES AND USING THE EQUIPMENT; and
- c) **TO RELEASE** the Host, its owners, affiliates, employees, and/or agents, from all liability for any loss, damage, injury, or expense forming the basis for a claim and/or cause of action that the Participant [or his/her parent(s) or natural guardian(s)] may suffer, arising out of the inherent risks of participation in the Activities and/or use of the Equipment.

Personal Responsibility

The Participant's parent(s) or natural guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities or using the Equipment and that he/she is not participating against medical advice.

The Participant and his/her parent(s) or natural guardian(s) understand that Participant's participation in the Activities and use of the Equipment is voluntary and further understand that they have the opportunity to inspect the Host's Equipment and facilities before any participation.

The Participant and his/her parent(s) or natural guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of *common sense* and by being aware of his/her surroundings.

If, while participating in the Activities and/or using the Equipment, the Participant or his/her parent(s) or natural guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or natural guardian(s) will remove Participant from participation in the Activities and/or use of the Equipment and immediately bring said hazard or condition to the attention of the Host.

I,	(parent/natural guardian), hereby agree that I will explain
to	my child that the risk of injury while participating in the Activities and using the Equipment can be
re	duced by following the rules and through the use of common sense and good judgment.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY, YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF FLORIDA AGRICULTURAL MUSEUM, INC., USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR **AGRICULTURAL** TO RECOVER FLORIDA RIGHT MUSEUM, INC., IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FLORIDA AGRICULTURAL MUSEUM, INC., HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Equine Warning

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the State of Florida, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

(remainder of page intentionally left blank)

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I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Participant's Signature:	Date:
Parent/Natural Guardian Name (Printed):	Date:
Parent/Natural Guardian Signature:	Date:

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Florida Agricultural Museum Equestrian Center

PROTECTIVE EQUESTRIAN HEADGEAR REFUSAL AGREEMENT

I have been fully advised by staff of the Florida Agricultural Museum that I should wear a properly fitted ASTM/SEI-Equestrian Standard helmet while riding in order to reduce some or all

Please read and be certain you understand the implications of signing!

head injuries as the result of a fall or any other occurrence associated with this hazardou activity. I realize that I am subject to injury from this activity to which I am exposing myse purely voluntarily.		
Name of Adult Rider (Please Print)		
Signature of Adult Rider	Date	
If you refuse to wear a helmet:		
AGAINST THE ADVICE OF THE STAFF OF THE FLORIDA AGRICULTURAL MUSEUM I AM REFUSING A CRITICAL SAFETY PRECAUTION.		
I THE UNDERSIGNED HAVE READ THE ABOVE STA WARNING AND WILL ASSUME ALL RISKS ASSO RECOMMENDED SAFETY EQUIPMENT		
Signature of Adult Rider	Date	

For Participants of Minority Age:

It is the policy of the Florida Agricultural Museum that all minors are required to wear a properly fitted ASTM/SEI-Equestrian Standard helmet while riding horse. Staff of the Florida Agricultural Museum Equestrian Center will refuse service to any rider that will not comply with this policy.

DECLARATION OF FITNESS TO RIDE

I hereby declare that I am physically fit. I do not, and have not suffered from any of the following conditions, which I understand may lead to a dangerous situation for myself or others during riding activities:

Epilepsy Recurrent weakness or Asthma Fits dislocation of any limb Rheumatic fever Severe head injuries Thyroid, adrenal, or other Diabetes Recurrent blackout or Mental illness glandular disorder giddiness Drug or alcohol addiction Recent blood donation Disease of the brain or Recent back injury Or any condition that requires nervous system Arthritis the use of drugs High blood pressure Severe joint sprains Lung or heart disease Chronic bronchitis

I hereby declare that I have no physical nor mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice and that I have or been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event I feel ill or unwell, have any physical complaint whatsoever, or if any injury of any kind occurs during the course of my riding activities, I will notify the instructor/guide/employee of the insured immediately and before I move from the immediate vicinity.

I have read the above Declarations, understand them, and I agree to be bound by them. Signature of Adult Rider Name of Adult Rider (Please Print) Date Address of Adult Rider Contact Number **Minor Child** Name of Child Rider (Please Print) Signature of parent or adult legal guardian Name of parent or adult legal quardian Date By my signature, I on behalf of the child, release all claims (Please Print) that both I and the minor child has. Address of parent or adult legal guardian **Contact Number** If you cannot sign the above declaration because of any of the above conditions, you must _ immediately notify the instructor/guide of the Florida Agricultural Museum Equestrian Center _ before you mount the horse or commence any activity. FLORIDA AGRICULTURAL MUSEUM EQUESTERIAN CENTER STAFF ONLY Counter sign upon verification of completion and understanding of above by rider or parent/guardian.

Name of Authorized Insured

(Please Print)

Date

Counter Signature of Authorized Insured