

GUEST LIABILITY AND INDEMNIFICATION AGREEMENT

(the Guest)

has been given permission to enter Big Small Farm Inc., located in Sumpter County, Florida (the Premises) owned and operated by BSF LLC, Big Small Farm Inc. or their owners, assigns and agents, including officers, employees or volunteers (collectively, the Owner).

Guest acknowledges and understands that no warranty, either express or implied, is made by the Owner as to the condition of the Premises. This document is to warn Guest that **dangerous conditions, risks and hazards do exist** on the Premises. Guest acknowledges that farming and other activities on rural property such as the Premises do have unknown hazards and risks and can result in death, injury or property damage to the person/persons involved in these activities. The many possibilities and sources of death, injury or damage including but not limited to domestic or wild animals, insects, reptiles, terrain features, power equipment, tools and weather features are acknowledged by Guest, and he/she comes on the Premises with full knowledge that hazards and risks exist.

As a part of the consideration for being allowed by Owner to enter the Premises, **Guest hereby indemnifies and releases Owner from all liability** for personal injury (including wrongful death) or property damage suffered by Guest, which is caused, in whole or in part, by any activity or condition on the Premises. Guest understands this agreement and has agreed that neither he/she, nor his heirs or personal representatives will be able to sue Owner or his associates for any injury or property damage that Guest suffers while on the Premises.

Guest does hereby **release and forever discharge the Owner from any claim whatsoever** which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Guest's visit of the Premises.

The Guest understands and agrees that the Owner does not maintain accident or medical insurance for its invitees. The Guest warrants and represents that he/she has accident or medical insurance, and that should Guest need medical treatment resulting from injury while on the Premises, that Guest or Guest's insurance company is responsible for all such medical expenses incurred.

GUEST HAS READ THIS DOCUMENT AND UNDERSTANDS IT. HE/SHE IS
SIGNING IT FREELY AND VOLUNTARILY.

DATED _____

GUEST _____