

MEDICAL CONSENT AND ASSUMPTION OF RISK

1. Beginning on the first day of my or my child/ward's presence and attendance at and/or participation in the RMS Ranch Horse Camp and all associated activities and outings including, but not limited to, horse back riding and interacting with animals, continuing from day to day throughout the time my child/ward is present at, attends, and/or participates in the Camp, I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") to provide medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp. I further authorize any such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition.

2. I authorize RMS Ranch LLC, its parent, all subsidiaries, related and affiliated entities, including but not limited to, Farm To You Revue, LLC and all their officers, directors, members, partners, shareholders, employees, agents, insurers, successors and assigns ("SEA") to share medical information related to my child/ward with any Medical Provider providing medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp.

3. I execute this Medical Consent and Assumption of Risk (the "Consent") with RMS Ranch. I understand and agree that this Consent shall be binding on me and my child/ward, as well as the representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns of my child/ward.

4. I acknowledge that there is a risk of complications and unforeseen consequences in any medical treatment and I, individually and as parent/natural guardian of my child/ward, a minor, sign this Agreement on behalf of my child/ward. I acknowledge that no warranty is being made as to the result of any medical treatment. I agree that any health history provided by me or my child/ward is correct to the best of my knowledge.

5. I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Camp staff. I certify that my child/ward is in good health and does not have any health or mental / physical impairments or conditions that would be aggravated by attendance or participation at the Camp or that make such attendance or participation unsafe or otherwise inappropriate for my child/ward, the animals at the Camp, or other campers. I further certify that my child/ward does not currently have upper respiratory disease or illness (including but not limited to asthma, colds, flu, etc.), is not on medication that suppresses immune function or has possible side effects that would interfere with the Camp, and that my child/ward does not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.

I represent and agree that I have the legal capacity and authority to act on behalf of myself and my child/ward. This release shall be binding upon me and/or the minor camper, and my or the minor camper's heirs, executors, representatives, next of kin, beneficiaries, administrators, successors and assigns.

I HAVE READ AND UNDERSTAND THE FOREGOING AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian _____ Date: _____

Printed name of Parent/Guardian _____

Printed name of Child/Ward _____