

**IF ONLY FARM RIDER INFO AND CONSENT TO EMERGENCY MEDICAL CARE**

In the event of injury or illness to myself or minor child during my absence, I hereby authorize: William or Susan Lowe, Terry Spada, or Audra Ravo to consent to emergency care for:

**Client/ Minor Child:** \_\_\_\_\_ **Age if under 18:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Client/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Guardian/Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

**Guardian/Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

**Primary Physicians Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Information:** \_\_\_\_\_ **ID / Group #** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_  
\_\_\_\_\_

**If Only Farm Equestrian Center  
450 Wood Rd.  
Freeville, NY 13068**

**LIABILITY RELEASE**

In consideration of being permitted to use the premises and facilities known as If Only Farm and to receive instruction and schooling, the undersigned hereby executes this release for and including but not limited to the following activities. which are illustrative only, hereinafter referred to as “activities”: equipment storage and transportation, equine training, equine boarding, rider and equine schooling, riding, riding instruction, personal and equine transportation, horse shows, and equine events; whether located at If Only Farm or another location. Such list is the purpose of this release to include all activities incidental, undersigned releaser, for himself or herself and personal representatives, assigns the distributees hereby releases, waives discharges and covenants not to sue If Only Farm, its owners and/or operators Terry Spada, William Lowe and Susan Lowe, or any one of them and the employees thereof, all referred to as releasees, from all liability to the releaser, his or her personal representatives, assigns, distributes for all loss or damage, and any claim damage therefore, on account of injury to the person or property or resulting in death of the releaser, whether caused by the negligence of releasees or otherwise while the releasor or releasor’s property is engaged in any If Only Farm activities.

Releasor expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion of the agreement is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

Releasor in consideration of being permitted to participate in aforementioned activities, does for himself or herself, his or her distributees, executors, administrators and assigns, hereby release and forever discharge If Only Farm, its owners and/or operators Terry Spada, William Lowe, Susan Lowe, and it’s employees thereof, their ditributees, administrators and executors of and from any and every claim, demand, action, or right of action, of whatsoever kind or nature, either in law or inequity arising from or by reason of any bodily injury or personal injuries known or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in aforementioned activities, whether by negligence or not.

Releasor further states that he or she has carefully read the above release and knows the contents of the release and signs this release as his or her own free act.

Releasor further releases all If Only Farm releasees from any claim whatsoever on account of first aid, treatment, or service rendered him or her during participation in aforementioned activities.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Child’s Name: \_\_\_\_\_