AUTHORIZATION TO ADMINISTER

WITNESS THIS AGREEMENT this _____ day of _____, 20__, by and between Paradigm Farm, LLC, hereinafter referred to as "Management," and _____, hereinafter referred to as "Owner." Owner certifies their ownership of _____ , hereinafter referred to as "Horse," and authorizes Management to administer the following medications or vaccinations to Horse:

Medication/Vaccine:

Dosage:

Frequency:

Reason for administration:

Assumption of Risk: Owner understands and acknowledges that there are inherent risks associated with administering medication or vaccines to a horse, including but not limited to: potential for severe allergic or adverse reactions; injury to Management or others due to the horse's reaction during the procedure; ineffectiveness of the vaccine or medication if not administered properly and potential for severe complications or death.

Release and Waiver of Liability: Owner hereby releases, waives, and discharges Management, its contractors, employees, and from any and all liability, claims, causes of action, damages, costs, or expenses of any kind that Owner may incur for any injury, loss, or death Horse, Owner, or any other person or animal arising from or in connection with Management's administration of the medication or vaccine specified above.

Indemnification
Owner agrees to indemnify, defend, and hold Management harmless from any and all claims, actions, or proceedings, and from any and all liabilities, damages, costs, and expenses, including attorney's fees, arising out of Management's administration of the medication or vaccine.

OWNER (OR AUTHORIZED AGENT)	Date:	
By:		

PARADIGM FARM, LLC	Date:	
By:		