



54151 County Road 33
Middlebury, IN 46540
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Email: info@lovewayinc.org

Started: _____
Completed requirements: _____

Community Service Worker Agreement

Date _____

Name _____

Phone _____ E-mail Address _____

Address _____ City/ST _____ ZIP _____

Date of Birth _____

Agency that assigned you: _____

How many hours are you required to volunteer? _____

By when do you need to have your hours completed? _____

List any physical limitations that would affect your ability to perform community service at LoveWay:

List your allergies and other health information that you feel we should be informed about:

Have you ever been convicted for violation of a State or Federal crime (other than a traffic violation) including but not limited to convictions for crimes committed upon children? Yes No

If yes, explain: _____

Please explain the reason for your community service: _____

Emergency Contact

Name _____ Relationship to you _____ Phone _____

****Please continue and complete the next side****

Confidentiality Policy

All persons will protect the rights and confidentiality of all participants. Medical and personal information regarding participants will be shared with others only for the purpose of providing safe and effective services. No information regarding a participant is to be shared with others outside of the therapeutic environment at LoveWay, Inc. Discovery of such disclosure may result in the termination of the arrangement with the agency. I hereby agree to abide by the above stated confidentiality policy.

Photo & Media Release

I Consent **OR I Do Not Consent** to the use by LoveWay Inc., or local media of any video/photos taken of myself/participant/family members during LoveWay, Inc. related activities for promotional, educational, or program use.

Responsible Party Signature _____ **Date** _____

Parent/legal guardian signature required if under 18 years old

Waiver Agreement & Liability Release

My signature below denotes that I agree to all the following as a condition for myself/child/family as it pertains to LoveWay, Inc. (hereafter referred to as the "Center") as a condition for participation in activities at/on/near the Center's premises and property or associated with any Center activity including but not limited to equine-assisted activities, trail riding, arena instruction, barn & pasture activities, demonstrations, water station services, road race participation and public events. **WARNING: Under Indiana law, an 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.** As the legal representative of the participant (myself/child/family) I acknowledge the risks and potential for risks of equine related activities. I understand not all risks can be foreseen nor prevented. I understand these risks and assume responsibility for them. **I hereby, intending to be legally bound for myself/child/family, heirs and assigns, executors or administrators, waive and release forever all claims for damages (present or future) against LoveWay, Inc., its Board of Directors, Executive Director, Instructors, Staff, Therapists, Volunteers and/or other authorized persons for any and all injuries/losses sustained while participating or visiting at LoveWay, Inc.** As consideration for the Center to allow myself/child/spouse/family members to engage in Center related activities, I agree to assume full responsibility for any and all bodily injuries, losses, or damages, which I or they might sustain.

It is mutually understood and agreed that the waiver and liability release set forth in this document constitutes a waiver of liability beyond the provisions of the Indiana Equine Activity Liability Act. I further agree to indemnify and hold harmless the Center or persons/entities associated with the Center and to not bring any claim or suit against them on the basis of any exception to the IN Equine Act. Should I breach any part of this waiver/liability release, I agree to pay all the Center's attorney's fees or other legal costs that may occur.

I attest that I am at least 18 years of age, of sound mind, not suffering from shock or under the influence of alcohol, drugs or intoxicants. I have read this ENTIRE waiver and application and fully understand it. I intend for this waiver, agreement and liability release to be valid and binding today and at ALL FUTURE TIMES. I attest that all the information I have provided in this application/medical history is true and accurate. My signature denotes agreement with ALL the information on both sides of this form.

Signature denotes agreement with all the above policies and information

Signature _____ **Date** _____

Parent/legal guardian signature required if under 18 years old

Printed Name: _____

Received by _____ Date _____
