LoveWay, Inc. Equine Assisted Services
54151 County Road 33 Middlebury IN 46540
574-825-5666 Fax: 574-825-8117
Email: programs@lovewayinc.org

Participant Application & Health History

To be filled out by parent or legal guardian is applicant is under 18

Date _____ School_____

Participant's Name_____

Address _____City_____State_____Zip_____

Home Phone_____ Other phone_____

Parents email address_____

Date of Birth_____ Age_____ Height: _____ Weight:_____* Male ( ) Female ( )

** 180 pound weight limit variable dependent upon ambulatory status, ROM, and discretion of instructor*

If under 18 Parent/Legal Guardian Name_____

Address (if different from child)_____Phone_____

Parents' Place of Work_____ Work Phone: _____

Health History (attach additional sheet if necessary)

Diagnosis/Disability: _____

Check if the participant has any of the following: □ Heart Condition □ High Blood Pressure

□ Respiratory condition □ Orthopedic restrictions □ Weakness in the extremities

□ Weight lifting restrictions □ Abusive/violent behaviors □ Allergies: _____

Current medications including over the counter meds

_____

Seizures/other limitations?_____

Date of last seizure and type:_____

Describe the participant's disabilities in the following areas & include assistance or equipment needs:

FUNCTION (Example: mobility skills/walking/motor skills/holding objects/communication/speech)

SOCIAL (Example: difficulty relating to others/ aggressive behaviors/ fearful)

I attest that all the information above in this health history is true and accurate.

Responsible Party Signature:_____ Date_____

Parent/Legal Guardian if under 18 years of age

Authorization for Emergency Medical Treatment

I Consent □ *OR* I Do Not consent □

In case of an emergency Loveway, Inc. is authorized to secure emergency medical treatment including but not limited to x-rays, surgery, hospitalization and medication as recommended by the attending emergency medical personnel. I also agree to the release of any medical records necessary for the timely treatment of a medical emergency.

Preferred Hospital: IU Health Goshen Hospital□ Elkhart General Hospital□ Other_____□

Health insurance & policy number:_____

Allergies to the following medications:_____

In case of an emergency contact the following persons: Please list one person who does not live in your home
Name/relationship to participant _____ Phone #_____
Name/relationship to participant _____ Phone #_____
Physician_____ Phone #_____

Responsible Party Signature:_____

Parent/Legal Guardian if under 18 years of age

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:_____

Parent/Legal Guardian if under 18 years of age

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 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. If participating as part of a school program, the undersigned grants Elkhart Community Schools or Elkhart County Special Education Cooperative permission to exchange information contained in this student's Individualized Education Program (IEP). This may include any or all of the following: the Present Level of Performance, goals and objectives related to therapeutic horseback riding, and the behavior intervention plan. I have read this ENTIRE wavier 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**.**

Responsible Party Signature:_____Date_____

Parent/Legal Guardian if under 18 years of age

Print Parent/Guardian Name:_____ LoveWay receipt Date_____

Revised 3/6/2018 CS