



LoveWay, Inc. Equine Assisted Services

54151 County Road 33 Middlebury IN 46540

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1 st Choice for Camp: Week: _____ 2nd Choice for Camp: Week: _____
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Day Camp Application 2008

To Be Completed by Parent/Guardian

Date of Birth _____

Date of Application _____

Participant's Name _____

Age _____ Height: _____ Weight: _____ Male () Female ()

Address _____ City _____ State _____ Zip _____

Parent name _____ Phone # _____

Address (if different from above) _____ Cell/work # _____

Medication/Allergies? _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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.

Emergency Contact: _____ Phone: _____

Photo Release, Waiver Agreement & Liability Release

I 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. 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. 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 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 this form.

Signature of Parent/Legal Guardian: _____ Date _____

Printed Name _____