



Love Way, Inc.

54151 County Road 33 Middlebury IN 46540

574-825-5666 Fax: 574-825-8117 Email: info@lovewayinc.org

Trained on: _____

Started on: _____

Received by: _____ Date: _____

VOLUNTEER APPLICATION

TODAY'S DATE _____

NAME _____ HOME PHONE _____

CELL PHONE _____ EMAIL _____

ADDRESS _____ CITY/STATE _____ ZIP _____

EMPLOYER _____ HOURS _____ PHONE _____

MAY WE CALL YOU AT WORK? YES NO

IF STUDENT, SCHOOL _____ DATE OF BIRTH _____

WHEN ARE YOU AVAILABLE? _____ DAYS _____ EVENINGS _____ SATURDAYS _____ SUMMER

HOW WOULD YOU LIKE TO HELP? Classes Maintenance Office Horses Open House Fundraising

If you have any experience with horses or people with special needs please describe:

Please check each box if answering yes to the questions:

Are you: First Aid certified CPR RN OTR Other _____

Speak English Spanish Can you walk for 30 min. Heart Condition Jog a short distance

High Blood Pressure Respiratory condition Knee/orthopedic restrictions

Weakness in the extremities Weight lifting restrictions Date of last Tetanus shot: _____

Allergies/ Medications: _____

Other physical limitations: _____

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

EMERGENCY CONTACTS

Name _____ Relationship to you: _____ Phone _____

Physician _____ Phone _____

Please complete both sides of this form. Thank You

Confidentiality Policy & Release Agreement

Loveway, Inc. staff and volunteers will protect the rights and confidentiality of all participants. Medical and personal information regarding participants will be shared with volunteers 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 said volunteer. As a Loveway volunteer I hereby agree to abide by the above stated confidentiality policy.

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. 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.

Please check one box for each question:

In case of an emergency:

I consent **or** **I do not consent** for LoveWay, Inc. to secure medical treatment from 911 including x-rays, surgery, hospitalization and medication as recommended by the attending emergency medical personnel.

I consent **or** **I do not consent** to the use of any promotional, educational, or program photos or videos of myself while participating at the facility or engaged in an authorized Loveway activity.

Your signature denotes agreement to abide by all the above policies and information.

Signature: _____ **Date** _____

Parent/Legal Guardian signature required if under 18 years of age

Print Name here: _____

How did you hear about LoveWay?

Radio **TV** **Newspaper** **Friend/Family member**
Online **Other** _____