



# The Children's TherAplay Foundation, Inc.

## New Patient Information



Client's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Male  Female Ethnicity (optional): \_\_\_\_\_

### Parent/Guardian Information

**Guardian 1 Name:** \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Guardian 2 Name:** \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Caregiver Name:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In case of emergency, who should we contact (other than Guardian 1 & 2 listed above):**  
Name: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Insurance Information

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please check ALL insurance coverage the client has:

Medicaid  Children's Special Health Care Services  Private Insurance  Private Pay

**Medicaid**

Medicaid Case Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client's RID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Please choose one of the following:  Traditional  Waiver  Risk Based Managed Care

**Children's Special Health Care Services**

Children's Special Health Care ID#: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Private Insurance**

Private Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Member/Provider services telephone number listed on back of card: \_\_\_\_\_

**Release of Billing Information/Assignment of Benefits**

I authorize the Children's TherAplay Foundation, Inc. to release all treatment and medical information to my insurance company(s) if requested, and I hereby assign payment to go directly to TherAplay.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please be sure to inform The Children's TherAplay Foundation, Inc. of ANY changes in your insurance coverage. Failure to do so may result in guarantor responsibility for the entire billable amount.

The Children's TherAplay Foundation, Inc. does not discriminate against any child or parent based on race, age, sex, creed, national origin, religion or disability in any of its activities including admissions, access to services and/or employment.

## Medical Information

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client's medical diagnosis or description of concerns regarding need for skilled therapy:

\_\_\_\_\_

**Please list all physicians currently seeing the client:**

Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list all therapists currently seeing the client & their location:**

Therapist: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Therapist: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Therapist: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list all previous therapies received by the client and reason for discharge:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any precautions/restrictions and the associated protocol (i.e. seizures, respiratory problems, swallowing, allergies, sensitivities, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Please list all medications the client is currently taking:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list all surgeries the client has had:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list all equipment (orthotics, glasses, hearing aids, etc.) used by the client:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The above information is, to the best of my knowledge, accurate and complete:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Parent Questionnaire

## Birth History

**Length of Pregnancy:**  Full Term  Premature: \_\_\_\_\_

**Type of Delivery:**  Vaginal  C-Section

**Were there any complications at the time of birth or soon thereafter?**  Yes  No

If yes, please describe the complications and any treatment received: \_\_\_\_\_  
\_\_\_\_\_

## Developmental History

**In your opinion, has your child's development been:**

Slower than expected  As expected  Faster than expected  I didn't know what to expect

Please comment on your child's development from birth until now (i.e. rolling over, sitting up, crawling, walking, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Has your child had their hearing checked?  Yes  No If yes, results: \_\_\_\_\_

Has your child had their vision checked?  Yes  No If yes, results: \_\_\_\_\_

**How would you describe your child's personality/disposition?**

Content  Fussy  Hyperactive  Passive/Inactive  Other: \_\_\_\_\_

**What do you feel are your child's:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Likes: \_\_\_\_\_  
\_\_\_\_\_

Dislikes: \_\_\_\_\_  
\_\_\_\_\_

## Family

**Please list others living in the home**

**Relationship**

**Age (siblings)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**The above information is, to the best of my knowledge, accurate and complete:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# The Children's TherAplay Foundation, Inc. Therapy Policies

Thank you for joining The Children's TherAplay Foundation family. We have a few policies we would like you to review prior to your participation in therapy. There is a copy of these policies in your family packet. Please keep a copy on-hand.

## Therapy Sessions

- It is very important that you **be on time** for your child's therapy session. Chronic lateness may be grounds for surrendering your therapy appointment time.
- Upon arrival, you will need to sign-in, update any new insurance information with the office staff, and make your payment. Your child's therapist will come out to the waiting room to greet you and your child.
- We understand situations arise, but it is necessary for us to receive payment **before** your child is seen again. This can be handled by credit card over the phone or by making a double payment at **the beginning** of your child's next appointment.
- The therapy area is reserved for therapists and clients and should be kept free from distractions.
- If you leave the facility while your child is in therapy, you will need to sign-out on the appropriate clipboard with a mobile phone number where you can be reached.
- Tardiness in picking your child up may result in forgoing your consultation time with your child's therapist as they may have another client directly after your child's appointment.
- A typical session includes treatment time in the clinic as well as on horseback.
- Time is allotted at the end of each session for documentation. Your child is allowed important free time to play, interact and socialize with other children. Parents should remain in the waiting room unless asked to enter the clinic. The therapist will utilize part of the allotted time to discuss the session with the caregiver/parent.
- You are encouraged to discuss any issues you may have about therapy or TherAplay with your therapist. You may also contact Hillary McCarley, Executive Director, at (317) 616-1117 with any concerns.

## What to Wear/Arena and Clinic Environment

- Your child should dress appropriately for the weather. Although our indoor riding arena is heated, it is still cold during the winter and hot during the summer.
- For safety reasons, clients should wear completely closed, well-fitting shoes. If a horse should accidentally step on your child's foot, you want to make sure it is protected.
- All clients must wear an ASTM-SEI approved helmet when riding the horse. We have helmets on-hand at the clinic in several sizes to accommodate each client.
- Your child's therapy may include petting horses or working with A.J., TherAplay's facility dog. A.J. is a licensed Canine Companion for Independence facility dog.

## Attendance/Cancellations

Regular attendance to therapy is crucial for a client to receive the maximum benefit. We understand there are circumstances that make it necessary to cancel your appointment. We ask that if you must cancel an appointment, you contact TherAplay as soon as possible. We ask that you make non-emergency cancellations at least 72 hours in advance and emergency cancellations at least 24 hours in advance. ALL APPOINTMENT CANCELLATIONS AND RE-SCHEDULES MUST BE MADE THROUGH THE FRONT OFFICE STAFF. DO NOT E-MAIL, TEXT OR CALL YOUR THERAPIST.

### *Emergency Cancellations*

- Emergency cancellations for illness, severe weather, death in the family, etc. should be phoned in to TherAplay as soon as possible at (317) 872-4166.
- Emergency cancellations that are phoned in to TherAplay are considered *excused absences*.
- To protect our clients, their families and staff, please phone in an emergency cancellation of your appointment if:
  - The client has vomited and/or had diarrhea due to illness within 24 hours of their scheduled appointment.
  - The client has had a fever within 24 hours of their scheduled appointment.
  - The client is unusually cranky, drowsy and/or irritable.

- The client has a rash and/or any communicable virus, illness, disease or condition (chicken pox, mumps, measles, meningitis, scarlet fever, ringworm, head lice, etc.)

### *Non-Emergency Cancellations*

- Cancellations for non-emergency reasons, such as another appointment, going out of town, etc. **must be made 72 hours in advance** of the scheduled appointment. Please inform your child's therapist **AND** someone in the office to insure it is recorded in the schedule book.
- Cancellations for non-emergency reasons that are not made at least 72 hours in advance are considered an ***unexcused absence***.

### *Surrender of Ongoing Therapy Appointment*

- A client's first unexcused absence, no show or late arrival (8 minutes or more) will be considered a warning.
- A client **WILL** forfeit their ongoing therapy appointment time if the client is a no show **3** or more times in a 3-month period.
- A client may be required to forfeit their ongoing therapy appointment time if the incidents, either excused or unexcused, become habitual (when 50% or more of scheduled therapy visits are missed in a 3-month period).
- If a client's attendance is uneven enough that the therapist determines that progress toward goals cannot be effectively achieved, the client may be required to forfeit their ongoing therapy appointment time.
- A client who has been asked to give up their therapy appointment time may request to be placed back on our waiting list.

### *Hold Policy*

- We understand that, occasionally, a medical situation may arise that causes your child to miss therapy. Clients may be placed on "hold" and miss up to 4 consecutive weeks of therapy and still retain their regularly scheduled appointment time(s); however, if the client does not return to therapy during the 5<sup>th</sup> week of scheduled therapy, the client will forfeit his/her regularly scheduled appointment time and will be placed on our waiting list.
- When the client is ready to return to therapy, he/she will have to choose from available timeslots.
- If therapy has not resumed within 3 months of the initial missed appointment, the client will be discharged. The client would need to start the application process over again.
- If the "hold" is for non-medical reasons, approval is at the Executive Director's discretion.

### TherAplay Closure or Cancellations

- When the heat index is 95 degrees or higher, TherAplay may opt to see patients in the clinic only for the safety of both humans and horses.
- If you have any questions or doubts about your appointment, please call TherAplay at (317) 872-4166.
- We know Indiana weather can be fierce, but your child's uninterrupted therapy schedule is vital for their improvement. Therefore, therapists will make every effort to be at TherAplay for your child's appointment and we expect the same from our client's. If the therapist and/or TherAplay staff deems it unsafe to travel, they will call all affected clients as soon as the decision is made. If a parent feels it is unsafe to drive, it is asked that they contact TherAplay immediately upon their decision. Any closures or delays will be posted on our website at [www.childrenstheraplay.org](http://www.childrenstheraplay.org).
- TherAplay staff will follow the same cancellation policies as clients are asked to follow. We, too, experience "emergency" and "non-emergency" cancellations and will make every attempt to notify clients in a timely fashion.

### Illness/Communicable Disease

- Please notify TherAplay if you or anyone in your household discovers they have a communicable disease or condition (chicken pox, mumps, measles, meningitis, scarlet fever, pink eye, ringworm, head lice) and may have exposed other clients or staff.
- TherAplay will notify any clients exposed to a communicable disease, when possible.
- Please contact your physician for appropriate measures to follow.

## Safety

The safety of all participants and horses is first priority at all times, so please follow all rules and requests.

- TherAplay treats children between the ages of **18 months and 13 years** with a **maximum weight** of approximately **100 lbs**. If your child cannot sit independently and requires assistance, the maximum weight is approximately **45 lbs**.
- For the safety of our clients, their families and our staff, we ask that you drive **very slowly** when on TherAplay property. If your foot is on your car's accelerator, you're going too fast. Children, horses, dogs, cats, etc...all have the right of way on our property. Please be aware.
- All children under the age of 18 should be monitored by an adult at all times.

## Therapy Policies

I have received, read and understand The Children's TherAplay Foundation Therapy Policies.

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Signature

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Date

## The Children's TherAplay Foundation, Inc. Billing Policies

- Therapy sessions vary in cost depending upon the treatments performed for your child's diagnosis, the length of the session and the date/time of your appointment. To give an estimate, we may bill your insurance carrier anywhere from \$135 to \$225 for all therapy sessions including the initial evaluation.
- All clients are required to provide TherAplay with all of their insurance information, including copies of all of their insurance cards.
- All clients must notify TherAplay of any changes in their insurance **IMMEDIATELY**.
- If at any time there are changes in your child's insurance and TherAplay is not made aware, the family will be responsible for the full amount of services.
- There is a \$25.00 service fee for returned checks.

## Medicaid and Children's Special Health Care Service Clients

- TherAplay will always file insurance claims for those clients who have Medicaid and/or Children's Special Health Care Services (CSHCS) as one of their insurers.
- It is imperative that the billing manager is informed if there are ANY changes in coverage.
- Both Medicaid and CSHCS require TherAplay to file claims to all "primary" private insurances first and then send the Explanation of Benefits (EOB's) from those filings along with the claim to Medicaid and/or CSHCS. TherAplay will file insurance claims for every date of service to all other insurances Medicaid and CSHCS clients may have.
- When TherAplay files private insurance claims for Medicaid and CSHCS clients, we will request payment be sent directly to TherAplay. Unfortunately, some insurance companies will not send payment or Explanation of Benefits (EOB's) directly to TherAplay. If a Medicaid or CSHCS client's insurance company will not send payments or EOB's directly to TherAplay, the client is required to bring in all payment, and/or EOB's (whether or not they include a payment) as soon as they are received.
- If TherAplay has not received a primary insurance payment or EOB from the client or their insurance company in a minimum of 90 days after a date of service, TherAplay reserves the right to put the client on hold until the payment or EOB is received.
- The reimbursement rate for Medicaid and CSHCS clients is roughly one third of the cost of therapy. TherAplay must fundraise over \$500,000 per year to be able to continue providing therapy; therefore, we expect our families to help in our fundraising efforts.

## Private Pay Clients

- Clients who are private pay are required to pay TherAplay the full fee at the time of service.

- If a client’s account is in arrears for more than 3 visits and/or \$300, TherAplay reserves the right to revoke services.

**Scholarship Program**

- TherAplay’s Scholarship Program is for those clients who have insurance coverage. Clients may request a Scholarship application from the TherAplay office.
- Once the Scholarship Application is complete and processed a determination will be made of each client’s out of pocket payment amount.
- Client’s are responsible for co-payments or co-insurance amount on **EVERY** date of service as well as their insurance’s contractual amount of payment while meeting their deductible. If you need assistance in obtaining this information, it can be found in your explanation of benefits (E.O.B).
- Once the client exceeds their insurance’s maximum number of visits per calendar year, the scholarship payment amount will become effective and at this time the client’s responsibility will be the out of pocket amount determined by the scholarship program.
- In addition to their out of pocket payment, TherAplay will submit insurance claims and collect any and all insurance payments for each date of service for all Scholarship clients.
- When TherAplay files insurance claims for Scholarship clients, they will request payment be sent directly to TherAplay. Unfortunately, some insurance companies will not send payment or Explanation of Benefits (EOB’s) directly to TherAplay. If a Fee Subsidy client’s insurance company will not send payments or EOB’s directly to TherAplay, the client is required to bring in all EOB’s (whether or not they include a payment) as soon as they are received.
- If a client’s account is in arrears for more than 3 visits and/or \$300, TherAplay reserves the right to revoke services.
- If TherAplay has not received a payment or EOB from the Scholarship client’s insurance company a minimum of 90 days after a date of service, TherAplay reserves the right to put the client on hold until the payment or EOB is received.
- The cost of therapy for Scholarship clients is supported by fundraising. TherAplay must fundraise over \$500,000 per year to support the Scholarship Program; therefore, each recipient of the scholarship program is expected to help with TherAplay’s fundraising efforts.

I have received, read, understand and will comply with The Children’s TherAplay Foundation, Inc.’s Billing Policies above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Farm Release**

I understand that there are many risk factors associated with a barn/farm atmosphere. I hereby release The Children's TherAplay Foundation, Inc./Lucky Farms, LLC of any and all liability for any injuries that may occur on The Children's TherAplay Foundation, Inc./Lucky Farms, LLC property.

I also understand that if I allow my child(ren) to play inside or outside the building, it is my sole responsibility to supervise him/her/them. I also release The Children's TherAplay Foundation, Inc./Lucky Farms, LLC from any and all injuries that occur on The Children's TherAplay Foundation, Inc./Lucky Farms, LLC property or as a result of petting any animal, wild or domestic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Photography Release**

- I give permission for myself/my child to be photographed (still or video photography). I understand that any photography used will be for promotional purposes, including, but not limited to print and electronic media, for The Children's TherAplay Foundation, Inc. There will be no monetary gain for the exchange or use of any photographs. My/my child’s first name will be the only name used during the presentation.



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 Signature

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 Date

I **do not** give permission for myself/my child to be photographed.

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 Signature

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 Date

## Lucky Farms, LLC/The Children's TherAplay Foundation, Inc.

### Waiver, Release of Liability, Indemnification and Consent to Medical Attention

In exchange for the boarding of my horse(s) with Lucky Farms, LLC/Children's TherAplay Foundation, Inc. and/or my participation in horse riding, horse riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) other equine activity sponsored by Lucky Farms, LLC/ Children's TherAplay Foundation, Inc., I, and if I am not yet 18 years old (21 years old if out-of-state resident), my parent(s) or legal guardian(s) (individually and collectively referred to herein in the first person singular) agree to be bound by each of the following:

**1. Voluntary Participation.** I understand and confirm that the boarding of my horse(s) with Lucky Farms, LLC/ Children's TherAplay Foundation, Inc. and/or my participation in horse riding, horse-riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) any other equine activity is voluntary.

**2. Identification of Risks.** I understand that the boarding of my horse(s) and/or my participation in the riding of horses, horse riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) any other equine activity may involve risk of injury and loss, to person, horse and to property. I also understand that the risk of injury may include the possibility of permanent disability and death to both person and horse. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with the boarding of horse(s) and/or participation in any aspect of horse riding, horse riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) other equine activity; or with my involvement in any such equine activity, including, particularly, such risks created by actions, inactions, or negligence on the part of Lucky Farms, LLC/Children's TherAplay Foundation, Inc. or its directors, officers, members, employees, agents, volunteers, successors or assigns, including but not limited to, risks created by the following: (a) the use of the equipment and tack, the premises and the facilities; (b) the determination of Lucky Farms, LLC/Children's TherAplay Foundation, Inc. of a participant's ability to safely manage a particular horse or to engage in any particular horse riding activity; (c) the lack or inadequacy of policies, rules or regulations of the boarding premises and facilities and/or the horse riding lessons or clinics; (d) the failure of Lucky Farms, LLC/Children's TherAplay Foundation, Inc. to foresee or protect me from actions, inactions, negligence, recklessness or intentional or criminal conduct of others; (e) the inadequacy or unavailability of medical facilities or treatment; (f) the lack or inadequacy of supervision; or (g) theft, fire, disease and other loss or damage.

**3. Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with the boarding of my horse(s) and/or my participation in horse riding, horse riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) any other equine activity. I accept personal responsibility for any liability, injury, loss or damage in any way connected with the boarding of my horse(s) and/or my participation in horse riding, horse riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) any other equine activity. I assume the risk for not wearing a certified and approved riding helmet, saddles or other necessary equipment to protect my safety. I assume all risk and liability for my own injuries and damages and all injuries and damages of my horse(s). I

assume all risk and liability while on the premises of Lucky Farms, LLC/Children's TherAplay Foundation, Inc. and also while attending activities sponsored by Lucky Farms, LLC/Children's TherAplay Foundation, Inc. that occur off the premises of Lucky Farms, LLC/Children's TherAplay Foundation, Inc. I agree that Lucky Farms, LLC/Children's TherAplay Foundation, Inc. is not liable for those persons that I invite as guests or as professionals to Lucky Farms, LLC/Children's TherAplay Foundation, Inc. who may or may not ride horses while at Lucky Farms, LLC/Children's TherAplay Foundation, Inc. I agree that Lucky Farms, LLC/Children's TherAplay Foundation, Inc. does not assume the risk for those horses or persons that come to Lucky Farms, LLC/Children's TherAplay Foundation, Inc. to visit me and I agree to inform my guests that if they are going to ride at Lucky Farms, LLC/Children's TherAplay Foundation, Inc., they may not ride without signing this agreement.

**4. Release and Waiver.** I release Lucky Farms, LLC/Children's TherAplay Foundation, Inc. and their directors, officers, members, managers, employees, agents, volunteers, successors and assigns from any and all liability for, and waive any and all claims for injury, loss or damage in any way connected with the boarding of my horse(s) and/or my participation in horse riding, horse riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) any other equine activity (a "Claim), whether or not caused in whole or in part by the negligence or other misconduct of Lucky Farms, LLC/Children's TherAplay Foundation, Inc., or any of the individuals mentioned above.

**5. Indemnification.** I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) Lucky Farms, LLC/Children's TherAplay Foundation, Inc. and its directors, officers, members, managers, employees, agents, volunteers, successors and assigns from all claims for any liability, injury, loss, damage or expense, including attorneys' fees (including the cost of defending any claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of the boarding of my horse(s) and/or my participation in horse riding, horse riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) any other equine activity, whether or not caused in whole or in part by the negligence or other misconduct of Lucky Farms, LLC/Children's TherAplay Foundation, Inc. or any of the individuals mentioned above.

**6. Binding Effect.** This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin or assigns and shall inure to the benefit of Lucky Farms, LLC/Children's TherAplay Foundation, Inc. and their respective successors and assigns.

**7. Consent to Medical Treatment.**  I authorize/  do not authorize (*select one*) Lucky Farms, LLC/Children's TherAplay Foundation, Inc. to provide me, through medical personnel of its choice, customary medical assistance, transportation and emergency medical services. This consent does not impose a duty upon Lucky Farms, LLC/Children's TherAplay Foundation, Inc. to provide such assistance, transportation or service. I understand that if I do not authorize medical assistance, transportation or emergency medical services under this paragraph, neither Lucky Farms, LLC, nor Children's TherAplay Foundation, Inc., shall have any duty whatsoever to provide any form of assistance in the event I may be injured in any manner contemplated by this document.

**8. Severability.** If any term or provision of this instrument or the application thereof to any persons or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.

**9. Applicable Law.** Because Lucky Farms, LLC/Children's TherAplay Foundation, Inc. is located in the State of Indiana, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed and enforced in accordance with the law of the State of Indiana.

*This is a waiver and release of liability. I have read this waiver, release of liability, indemnification and consent. I understand that I have given up substantial rights by signing it. I am signing this waiver, release of liability, indemnification and consent voluntarily.*

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Printed Name

Signature

Date

**If the person participating in the program is not yet 18 years old (21 years old if out-of-state resident), ALL custodial parents or legal guardians must also sign:**

*In exchange for my/our child or ward being allowed to board his/her horse(s) with Lucky Farms, LLC/Children's TherAplay Foundation, Inc. and/or participate in horse riding, horse riding lessons, horse riding clinics, hippotherapy (including various positioning and tandem hippotherapy) any other equine activity, and as the custodial parent(s) or legal guardian(s) of the above named individual, I/we verify that I/we fully understand, agree to and accept all provisions of this waiver, release of liability, indemnification and consent.*

Printed Name (Parent or Guardian)

Signature

Date

Printed Name (Parent or Guardian)

Signature

Date



**From the west**

465 to Michigan Road (SR 421)  
 North to 96th Street (McDonald's)  
 Right on 96th to Towne Road  
 (second roundabout, about 2 miles)  
 Left / north on Towne Road

**From the east**

465 to Meridian Street  
 South on Meridian to 96<sup>th</sup> Street (McDonald's)  
 Right / west on 96<sup>th</sup> to Towne Road  
 (second roundabout, about 3 miles)  
 Right / north on Towne Road

- Turn right into the drive marked by a white brick entryway. A small sign on it reads, "Lucky Farms, Home of TherAplay."
- On your left (north) you'll see a blue-gray house and beyond that, also to the left/north, a large tan building with purple awnings with the Children's TherAplay name and logo on them.
- Just beyond our building is a larger parking lot, up against a wooden fence. You can park in this lot or up against our building.
- From the parking lot, enter the door that faces east. It has a purple awning and door placard that reads *Entrance 1: Clinic*.