

Indiana Horses Helping Humans, Inc

Participant Waiver, Safety Agreement, and Program Intake Form

Indiana Horses Helping Humans (IHHH) provides Equine-Assisted Learning (EAL), wellness, mindfulness, grooming, and horsemanship-based experiences. IHHH is not a psychotherapy, psychiatric, medical, crisis treatment, or healthcare facility. Participation is voluntary, and all participants must follow safety directions at all times.

PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth/Age: _____

Phone Number: _____

Email Address:_____

Emergency Contact Name: _____

Emergency Contact Phone:_____

Relationship to Participant: _____

_____

PROGRAM UNDERSTANDING

I understand that IHHH provides educational, wellness-based, and experiential equine programming.

I understand that IHHH does not provide psychotherapy, psychiatric treatment, counseling, medical care, crisis stabilization, trauma-processing services, or behavioral health treatment.

I understand that participation involves interaction with horses, barn environments, uneven terrain, outdoor conditions, allergens, and physical activity.

I understand that horses are large animals with inherent unpredictability and that all participants are expected to follow staff directions for safety at all times.

Agree _____

PARTICIPANT HEALTH AND SAFETY QUESTIONS

Do you have any physical limitations, injuries, medical concerns, allergies, or conditions we should be aware of for safety purposes?

Do you have allergies, including animal, environmental, food, insect, or medication allergies?

Are you currently under the influence of drugs or alcohol?

Yes _____ No _____

Medication Disclosure:

Are you currently taking any medication that may impair balance, coordination, judgment, awareness, reaction time, or your ability to safely participate around horses or in a barn environment?

Yes _____ No _____

If yes, please explain any relevant safety considerations:
Are you currently experiencing any medical, emotional, psychological, or behavioral condition

that could impair your ability to safely participate around horses, follow safety instructions, or affect the safety of yourself, others, staff, volunteers, or horses?

Yes _____ No _____

If yes, please explain:

Are you currently under the care of a physician, psychiatrist, therapist, counselor, or other healthcare provider for a condition that may require accommodations, supervision, crisis support, or services beyond the scope of IHHH programming?

Yes _____ No _____

If yes, please describe any relevant safety considerations:

Are you able to independently follow verbal directions, safety instructions, and staff guidance in a barn and horse environment?

Yes _____ No _____

Do you require physical, medical, behavioral, or one-on-one support beyond what typical wellness programming provides?

Yes _____ No _____

If yes, please explain:

PARTICIPANT APPROPRIATENESS

I understand that Indiana Horses Helping Humans (IHHH) provides educational and wellness-based equine programming only and is not equipped to provide psychiatric care, medical supervision, behavioral stabilization, crisis intervention, or therapeutic treatment services.

I understand that participation suitability is determined on a case-by-case basis, with safety as the highest priority for participants, staff, volunteers, and horses.

I understand that IHHH reserves the right to deny, postpone, refuse, or discontinue participation if a participant:
• is unable to safely follow directions,
• presents a safety concern or risk,
• requires a level of medical, psychiatric, behavioral, or physical support beyond the scope of IHHH services,
• exhibits aggressive, disruptive, unsafe, impaired, or inappropriate behavior, • or is experiencing an active medical, emotional, psychiatric, or behavioral crisis.

I understand that failure to disclose relevant safety concerns or conditions may result in removal from programming.

Agree _____

ASSUMPTION OF RISK

I understand that horses are large unpredictable animals and that participation around horses and farm environments carries inherent risks including, but not limited to: • falls,
• bites,
• kicks,
• stepping injuries,
• emotional stress,
• allergic reactions,
• property damage,
• serious injury,
• illness,
• or death.

I voluntarily assume all risks associated with participation in IHHH

activities. Agree _____

RELEASE OF LIABILITY

In consideration for participation, I, on behalf of myself, my heirs, representatives, successors, and assigns, hereby release, waive, discharge and hold harmless:

Indiana Horses Helping Humans, Inc. (IHHH), Laura Fleckenstein, Terry Fleckenstein, Fleckenstein Properties, its owners, officers, employees, staff, volunteers, contractors, sponsors, property owners, affiliates, equine professionals and representatives associated with Indiana Horses Helping Humans, Inc. (IHHH) from any and all claims, liabilities, demands, causes of action, injuries, losses, damages, or expenses arising out of or related to participation in IHHH activities, including activities involving horses, farm environments, transportation on the property, education programing, grooming, groundwork, wellness activities, and all related services, except in cases of gross negligence or willful misconduct as prohibited by Indiana law.

Agree _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I authorize IHHH staff and representatives to seek emergency medical care for the participant if deemed necessary.

I understand that I am financially responsible for any medical care

provided. Participant Initials: _____

PHOTO AND MEDIA RELEASE

I authorize IHHH to use photographs or video taken during programming for educational, promotional, website, print, or social media purposes.

Yes _____ No _____

PARTICIPANT AGREEMENT

I agree to follow all horse, barn, facility, and staff safety rules.

I agree to treat horses, staff, volunteers, participants, and property respectfully.

I understand that failure to follow safety expectations may result in immediate removal from

programming without refund.

I understand that IHHH reserves the right to cancel or discontinue participation at any time

if safety concerns arise.

Agree _____

INDIANA EQUINE ACTIVITY LIABILITY WARNING

WARNING:

Under Indiana law, an equine activity sponsor or 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 pursuant to Indiana Code IC 34-31-5.

SIGNATURE

Participant Signature:

Date: _____

PARENT/GUARDIAN CONSENT
(Required if Participant is Under 18)

I certify that I am the parent or legal guardian of the minor participant listed above and consent to their participation in IHHH programming under the terms stated in this agreement.

Parent/Guardian Signature:

Date: _____

Thank you for helping us maintain a safe, respectful, and supportive environment for both people and horses at Indiana Horses Helping Humans (IHHH).

Please update any and all information each visit to IHHH

Date and initial_____ Date and initial_____

Date and initial_____ Date and initial_____

Date and initial_____ Date and initial_____