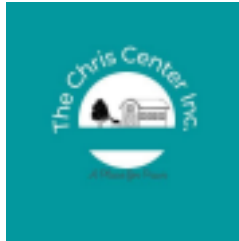




The Chris Center, Inc.

Alpaca Adventure Program Registration Packet

2023



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's Name: _____ DOB: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code _____

Physician's Name: _____

Insurance: _____ Policy # _____

Medical conditions: _____

Current medications: _____

Allergies to medications, foods, insects, other: _____

Preferred Hospital (put nearest if no preference): _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

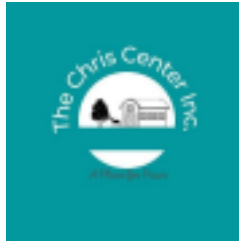
CONSENT PLAN

In case of medical emergency due to illness or injury while participating in The Chris Center, Inc. programs, I hereby authorize The Chris Center, Inc. to secure and retain medical treatment and transportation and to release any information upon request to the authorized individual or agency involved in the emergency medical treatment.

I hereby authorize any licensed physician and/or medical facility to provide any medical or surgical care which they determine to be necessary or advisable. This provision will only be invoked if the emergency contacts listed above cannot be reached.

Printed Name: _____ **Date:** _____
Parent / Legal Guardian (or Participant if age 18 or older)

Signature: _____ **Date:** _____
Parent / Legal Guardian (or Participant if age 18 or older)



CODE OF CONDUCT

The Chris Center’s mission is to promote the mental and emotional well-being of teenagers in central Indiana by connecting them with nature and the healing power of human-animal interaction. Many of our programs involve outdoor activities and/or contact with animals, and we have developed a code of conduct to create a safe, inclusive, and respectful environment for all participants.

As a condition of my participation in any programs operated by The Chris Center, Inc., I agree to the following:

- I will treat all participants, staff, and volunteers with kindness and respect.
- I will not use offensive language, threaten, insult, or bully another person.
- I will listen to and comply with all instructions given by program facilitators, staff, and volunteers.
- I will conduct myself in a manner that protects my personal safety and the safety of others.
- During activities that involve animals, I will respect the rights and boundaries of each animal. I will treat all animals with respect, kindness, and compassion. I will never hit an animal or cause them pain or discomfort.
- I will follow CDC and local/state government guidelines regarding COVID-19 safety and precautions. I will not participate in a program if I have a fever or other symptoms of COVID-19.

I understand that violating this Code of Conduct could result in a range of consequences such as limitation of my participation or complete dismissal from any or all programs operated by The Chris Center, Inc.

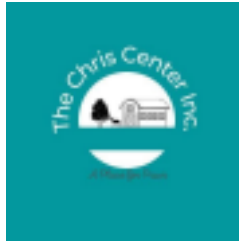
Participant Name: _____

Participant Signature: _____ **Date:** _____

Parent Acknowledgement: By signing below, I acknowledge my child’s agreement to the above Code of Conduct and understand that my child’s participation in programs offered by The Chris Center is conditional upon adherence to this Code.

Parent Name: _____

Parent Signature: _____ **Date:** _____



INCLUSION AND ACCOMMODATIONS

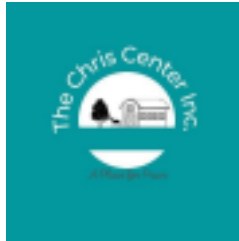
The Chris Center, Inc. is committed to inclusive diversity, and we would like to serve as many teens as possible through our programs. Please see the list below of skills required for an optimal experience in the Alpaca Adventure Program, and contact us if you would like to discuss potential accommodations.

Participant Skills: For a safe, positive, and successful experience in the Alpaca Adventure Program, a teen participant should be able to do the following:

- Listen well and follow verbal instructions from program facilitators
- Walk independently on uneven ground around different areas of the farm and surrounding trails
- Tolerate typical and various barn animal smells
- Interact with animals and be outdoors without experiencing severe allergic symptoms
- Maintain reasonable control of one's own voice and body-- sudden loud noises, impulsive movements, or unwelcome touching of the alpacas can cause the animals to feel threatened and behave defensively

Service Dogs: For the safety of all involved (students, instructors, animals), we regret that we cannot allow any dog (including service dogs) to enter the alpacas' pasture or to be within 10 feet of the alpacas when they are outside their enclosure.

Please contact us at smoreira@chriscenterpaws.org if your child requires accommodations or if you have any questions about our program.



PARTICIPANT WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

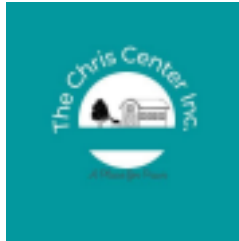
In consideration of participation in The Chris Center, Inc. (hereinafter collectively referred to as “TCC”) programs I, and/or on behalf of my child (hereinafter collectively referred to as “Undersigned”) warrant and agree that I will make no claim or file suit for an injury to person or property, or for any loss or destruction of any article of any kind or nature in connection with the participation of Undersigned at TCC and/or participation in the programs of TCC. Undersigned understands that neither TCC nor TCC programs nor their respective officers, directors, employees, volunteers or agents (hereinafter collectively referred to as “Released Parties”) accept any responsibility for accidents, damage, injury, or illness due to the animals, members, sponsors, agents, spectators, or any other person or property owner in connection with the operation of TCC. As a condition of using the facilities and/or the programs of TCC, Undersigned hereby WAIVES all claims arising out of any act or omission of TCC and Released Parties, whether or not caused in whole or part by negligence or fault of TCC and/or Released Parties. Undersigned understands that there are inherent risks in any participation and those risks are assumed by Undersigned, and fully assumes the responsibility for the risk of injury or death caused by Undersigned’s contact with any animals or caused by participation in TCC programs, which could include but is not limited to being bitten, kicked, scratched, spit at, and/or knocked down or otherwise injured. Undersigned completely RELEASES TCC and any programs of TCC and the Released Parties from any and all liability for any and all injuries or death to Undersigned caused by (1) Undersigned’s contact with the animals and/or animal assisted activities, or (2) any other activities taking place in connection with TCC programs, whether such injuries or death result from negligence or fault in whole or in part of TCC and/or Released Parties. Undersigned agrees to HOLD HARMLESS TCC and Released Parties from and against any and all injuries, damages, liabilities, losses or claims, which arise during or result from participation in TCC programs, whether or not caused in whole or in part by negligence or fault of TCC and/or Released Parties. Undersigned understands during this COVID-19 pandemic, there is a risk of exposure to COVID-19 while participating in any programs or events held by TCC. As a condition of participation, Undersigned expressly agrees to comply with the rules and safety guidelines set forth by local, state, and federal governmental entities and TCC. Undersigned voluntarily assumes all risks related to exposure to COVID-19 at any TCC programs or events. Undersigned understands that the services provided by TCC are not offered as a substitute for clinical mental health care or medical care and are not intended to diagnose, treat, or cure any mental health or medical conditions. Signing of this form binds Undersigned to this WAIVER, RELEASE, AND HOLD HARMLESS agreement.

Participant’s Name: _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Parent / Legal Guardian (or Participant if age 18 or older)



PARTICIPANT MEDIA WAIVER

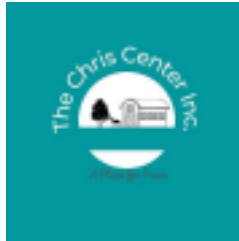
I DO _____

I DO NOT _____

I authorize The Chris Center, Inc. permission to use photos, videos, verbal, or written feedback about the program and experiences. I understand this information may be used in printed or electronic form including social media for publications, promotional literature, grant writing purposes, education, or any other use for the benefit of the program.

Participant Name: _____

Signature: _____ Date: _____
Parent / Legal Guardian (or Participant if age 18 or older)



PROPERTY OWNER RELEASE, WAIVER OF LIABILITY, AND HOLD HARMLESS AGREEMENT

In consideration of being permitted into property owned by Diane Lorant and Michael Trautman at 14950 Little Creek Ave., Zionsville, IN 46077 (hereinafter collectively referred to as “Farm”) and operated by The Chris Center, Inc. (hereinafter collectively referred to as “TCC”) for any purpose, including but not limited to, TCC programs and activities, observation, use of facilities or equipment, or participation in any way, I and/or on behalf of my child (hereinafter referred to as “Undersigned”), hereby acknowledges, agrees and represents that such entry into Farm for animal assisted activities, other activities, observation, participation or use of any facilities or equipment constitute an acknowledgement that such premises and all facilities and equipment thereon have been inspected by Undersigned and that Undersigned finds and accepts same as being safe and reasonable suited for the purposes of such activities, observations, or use. The Undersigned hereby acknowledges that alpacas may, without warning, kick, bite, spit at, stomp, stumble, bolt and react to sudden movements, noise, light, vehicles, people, other animals, or objects. Animal assisted activities with TCC may be conducted in areas which are subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape; where trails are not groomed, maintained, or controlled; where weather is changeable, unpredictable and dangerous; and where lightning, beehives, streams, creeks, fallen timber, wild animals, and other hazards and dangers exist. The Undersigned hereby RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Farm from all liability to the Undersigned and assigns for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned, whether caused by negligence of the Farm or otherwise while the Undersigned is in, upon, or about the premises or any facilities or equipment therein. Undersigned agrees to HOLD HARMLESS the Farm from and against all liability to the Undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property resulting in death of the Undersigned, whether caused by negligence of the Farm or otherwise while the Undersigned is in, upon, or about the premises or any facilities or equipment therein. In the event that an attorney is engaged to enforce, construe, or defend any of the terms, conditions or claims or demands covered by this RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, either with or without suit, the UNDERSIGNED agrees to pay all attorneys’ fees and costs incurred by the Farm. Undersigned understands there is a risk of exposure to COVID-19 while participating in any programs or activities held at the Farm. As a condition of participation, Undersigned expressly agrees to comply with the rules and safety guidelines set forth by local, state, and federal governmental entities and the Farm. Signing of this form binds Undersigned to this RELEASE, WAIVER OF LIABILITY, AND HOLD HARMLESS agreement.

Participant’s Name: _____

Parent/Guardian Name (if Participant is under 18): _____

Signature: _____ Date: _____

(Parent/legal guardian if participant is under 18)