

TaKE Center, L.L.C.
Outpatient Rehabilitative Services
Physical Therapy that centers on you!

1300 Woodcock Lane, Kintnersville, PA 18930
phone: 610-346-9446
email: tklong@takecenter.com
web: www.takecenter.com

Relationship with TaKE Center (please check appropriate boxes):

Student Volunteer Community Service Staff

(Please make note that TaKE Center does keep record of volunteer hours. Letters of verification for volunteer hours are available upon request.)

Participant Information

Date of application: _____

Participant's name: _____

Date of birth: _____

In minor (under 18): Parent/Guardian: _____

Address _____

Home Phone: _____ Cell phone: _____

Email: _____

In case of emergency, notify:

Name: _____

Cell phone: _____ Other phone: _____

Policy of Confidentiality All information including but not limited to, personal, medical, and financial documents are confidential among all participants, volunteers, and staff. A copy of the HIPAA Notice is available for access on the TaKE Center website at www.takecenter.com.

Medical Release The above student hereby (check one) consents, does not consent to any medical, dental or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named above or to restore the person to health. I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

I request and authorize TaKE Center to release all healthcare information pertaining to the above named patient to: _____

Medical Insurance

Physician Name: _____ Phone: _____

Insurance Company: _____

Policyholder name: _____

Group #: _____ Policy #: _____

Photo/Social Media Release The above student hereby (check one) authorizes, does not authorize the use and reproduction by TaKE Center of any and all photographs taken for promotional use in TaKE Center print materials, website and social media. We will NOT include any personally identifiable information such as student names, residential addresses, e-mail address, or phone numbers.

Helmet Requirement and Riding Attire An ASTM-SEI approved helmet is required while mounted. I have been advised to wear hard soled shoes and pants in and around the stables and while working with or riding horses, so as to help prevent horse-related injuries. Open toed shoes are not allowed in the stable or riding arena.

Payment Policy Payment is collected at the time of the lesson. Checks are the preferred method of payment. Credit cards are not accepted. If you are unable to attend a lesson, please call 610-730-5115 and leave a message. Multiple absences may jeopardize your time slot.

Liability Release I have agreed to participate in the Equestrian Therapy Program (the "Program") at TaKE Center. I wish to participate in the horseback riding sessions that will take place at the TaKE Equestrian Center. I understand and acknowledge that horseback riding is potentially a dangerous activity, and that all ponies and horses, whatever their breed, have dangerous propensities and can be unpredictable and erratic in temper and behavior in and out of the stable, whether ridden or not, and I appreciate risks and dangers inherent in equestrian activities, including, without limitation, riding, handling, training, grooming, feeding, caring for or simply being near horses.

In consideration for my participation in the Program, I hereby covenant and agree, for myself, my spouse, my family members, my heirs, personal representatives, executors and administrators, as the case may be to:

- 1.
2. ASSUME ALL RISKS associated with participation in Program activities in, on or around the TaKE Center, including, without limitation, the risk of severe or permanent injury, the risk of damage, of loss of life, limb, and the risk of damage or loss of property.
3. FULLY REMISS, AQUIT, DISCHARGE, AND FOREVER RELEASE the TaKE Center and their affiliates, their trustees, officers, employees, agents and their successors and assigns (collectively "Releasees"), from any and all actions, causes of action, claims, suits, demands, costs, expenses, damages and all liabilities of any kind or nature, including attorney's fees, which I may have against Releasees as a result of personal or bodily injuries of any kind or cause that may occur as a result of my participation in the Program activities at the TaKE Center, in each case whether or not due to the negligence of Releasees (collectively, "Liabilities"); and
4. INDEMNITY AND HOLD HARMLESS Releasees from any and all Liabilities relating to my direct or indirect participation in the Program activities or occurring as a result of my presence in, on or around the Take Center facilities.

IN WITNESS WHEREOF, intending to be legally bound hereby, I have knowingly and voluntarily executed this release as of the date and year written, solely for the consideration herein set forth, without my other representations or warranties wherever.

Acceptance of Policies I have read, understand, and will respect TaKE Center's policies as they pertain to: Policy of Confidentiality, Medical Release, Photo/Social Media Release, Lesson/Payment Billing, and Release of Liability

Signed: _____ Date: _____
(signature of student, parent, guardian or volunteer)