



PARTICIPANT APPLICATION

Date of Application: ____/____/____

Participant Name: _____

DOB: ____/____/____ Age: _____ Gender: _____ Preferred Pronoun: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Email: _____

If participant is under the age of 18:

Parent/Guardian #1

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Email: _____

Parent/Guardian #2

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Email: _____

How did you hear about The Chris Center, Inc.? _____



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 (*applies to all individuals*). I will not participate in a program if I have been exposed to someone with COVID-19 in the preceding 14 days (*applies to unvaccinated individuals*).

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:** _____



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): _____

In the event of an emergency, contact:

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.

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

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



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 or 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)