

LANTERN LANE FARM

CHILD/ADOLESCENT INTAKE FORM

YOUTH INFORMATION

Name _____ Gender M or F Birthdate ___/___/___ Age _____
School _____ Teacher _____ Grade _____
Employment _____ Phone ___/___/___
PersonalPhone ___/___/___ Address _____ City/State _____
Reason for coming to counseling today _____

RESPONSIBLE PARTY INFORMATION

Name _____ Relationship to the youth _____
Occupation _____ Place of employment _____ Phone ___/___/___
Do we have permission to call you at work if necessary? ___ yes ___ no Cell Phone ___/___/___
Spouse's name _____ Relationship to the youth _____
Occupation _____ Place of employment _____ Phone ___/___/___
Biological Mother _____
Occupation _____ Place of employment _____ Phone ___/___/___
Biological Father _____
Occupation _____ Place of employment _____ Phone ___/___/___
Step Mother _____
Occupation _____ Place of employment _____ Phone ___/___/___
Step Father _____
Occupation _____ Place of employment _____ Phone ___/___/___

Marital Status of the biological parent(s) ___ married ___ separated ___ divorced ___ widowed

If divorced, please answer the following questions:

Year of divorce _____ Which parent makes the decision for non-emergency medical care for this youth? ___ Mother ___ Father ___ Joint

What are the visitation arrangements for the other parent? _____

Has either parents remarried? Mother ___ yes ___ no If yes, year of remarriage _____
Father ___ yes ___ no If yes, year of remarriage _____

Please list any biological siblings this child may have in order of their births.

_____ Age _____ Are they an active part of his/her life? ___ yes ___ no
_____ Age _____ Are they an active part of his/her life? ___ yes ___ no
_____ Age _____ Are they an active part of his/her life? ___ yes ___ no

Please list any step siblings this child may have in order of their births.

_____ Age _____ Are they an active part of his/her life? ___ yes ___ no
_____ Age _____ Are they an active part of his/her life? ___ yes ___ no
_____ Age _____ Are they an active part of his/her life? ___ yes ___ no

MEDICAL/COUNSELING HISTORY

Name of medical doctor _____ Date of last physical exam _____

For what medical problems is the child being treated currently? _____

Please list all medications currently being taken and the reason they have been prescribed.

Medication	Reason
_____	_____
_____	_____
_____	_____

If you or your child has seen a counselor before, please give the counselor's name and the reason for pursuing counseling at that time.

Counselor	Reason
_____	_____
_____	_____
_____	_____

What do you hope to achieve through this counseling experience? _____

Was this child referred for counseling? _____ If so, by whom? _____

Does your family ascribe to any religious affiliation? _____ If so, what type? _____

Do you wish to file insurance? _____ Insurance Carrier? _____

Note: Please take younger children to the restroom before the session begins and do not leave the building during the time your child is with the counselor.

The session length will be determined by the counselor, which may or may not include time allowed for follow-up conversation with the parent.

(Parent/Guardian Signature)

Date ____/____/____

RELEASE OF LIABILITY AGREEMENT

This release of liability is entered agreement between Lantern Lane Farm, Ralph and Joni Cook, hereinafter referred to as Operator, and _____, hereinafter referred to as Rider, and the Rider's parent or guardian, _____.

In return for the use, today and on all future dates, of the property, facilities, lessons, services, whether or not listed in the barn rules, boarding contract, volunteer operations, lesson agreement, the Rider, his heirs, assigns and legal representatives, hereby expressly agree to the following:

1. It is the responsibility of the Rider to carry full and complete insurance on his horse, property, and himself.
2. Rider agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM USE OF OR PRESENCE UPON THE PROPERTY AND FACILITIES OF OPERATOR without limitation to the risks of death, bodily injury, property damages, falls, kicks, collisions with vehicles (horses or stationary objects), fire or explosion, the unavailability of medical care, or the negligence or deliberate acts of other persons.
3. Rider agrees to hold Operator and all of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees, and agents completely harmless and not liable, therefore releasing them from all liability whatsoever, and AGREES NOT TO SUE them on account of, or in connection with any Claims, causes of action, injuries, damages, costs or expenses arising out of Rider's use of or presence upon the property and facilities of the Operator, including without limitation, those based on death, bodily injury, property damage, including consequential damage.
4. Operator shall not be liable for any loss of property by fire, theft, burglary, or otherwise from said premises, buildings, or acreage. Operator shall not be liable for any injury or damage whatsoever which may arise or accrue either from its furnishings or failure to furnish heat or air conditioning regardless of the cause or on account of any defect in the building or premises. Operator does not warrant or guarantee the uniformity or safety of any service depending upon electrical or other power. The failure of service of mechanical equipment in use in the buildings provided by the Operator shall not be grounds for cancellation of the boarding contract or for non-payment or abatement of rent, nor construed as curtailment of essential service.
5. Rider agrees to waive protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect, is to provide that a general release shall not extend to claims, material, or otherwise, which the person giving the release does not know or suspect to exist at the time of release.
6. Rider agrees to indemnify and defend the Operator against, and hold harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arises from the Rider's use or presence upon the property and/or facilities of the Operator.
7. Rider agrees to abide by all of the Operator's rules and regulations whether verbal or stated in the barn rules.
8. If the Rider is using his own horse, the horse shall be free from infection, contagious or transmittable diseases.
9. Rider agrees also that any damage done by his horse, guests, or himself shall be the responsibility of the Rider.
10. Only persons with a signed release of liability form are allowed to ride, drive, or handle horse or any other animal living on or at Lantern Lane Farm.
11. This contract is non-transferrable and is made and entered into in the State of Tennessee and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with the state law then the clause is null and void, but the rest of the contract shall remain in full force and effect. This release of liability shall become binding upon the signing of the document by both parties.

Under Tennessee Law, an equine professional, activity sponsor or any other persons, which shall include a corporation or partnership, shall not be liable for an injury to or the death of a participant resulting from the inherent risks of equine activities. No participant or participant's representative shall make any claim against, maintain an action against, or recover from an equine activity sponsor, an equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities unless the equine professional, activity sponsor, or other person 1) provided the equipment or tack, and knew or should have known that the equipment or tack was faulty, and such equipment or tack was faulty to the extent that it did cause the injury, or 2) provide the equine and failed to make reasonable and prudent efforts to determine the ability of the

participant to engage safely in the equine activity and determine the ability of the participant's ability, or 3) owns, leases, rents, or otherwise is in lawful possession and control of the land or facilities upon which the participant sustained injuries because of a dangerous latent condition which was known to the equine professional, activity sponsor, or other person and for which warning signs have not been conspicuously posted, or 4) commits an act or omission that constitutes willful or wanton disregard for the safety of the participant, and the act or omission caused the injury, or 5) intentionally injures the participant. Tenn Code Ann 44-20-104.

(signature of Parent/Guardian)

Date ____/____/____

(signature of Operator)

Date ____/____/____

Emergency Name and Phone Number _____

Other Numbers _____