



Baylee L. Carr, HTR

@ThymeToThriveHT

Thyme to Thrive, LLC - Horticultural Therapy

Intake Form

This Horticultural Therapy Contract (the "Contract") is made and entered into as of: _____, by and between:

Association: _____

Thyme to Thrive, LLC

Name: _____

Baylee L. Carr, HTR

Address: _____

255 Lucas Lane, Apt 06

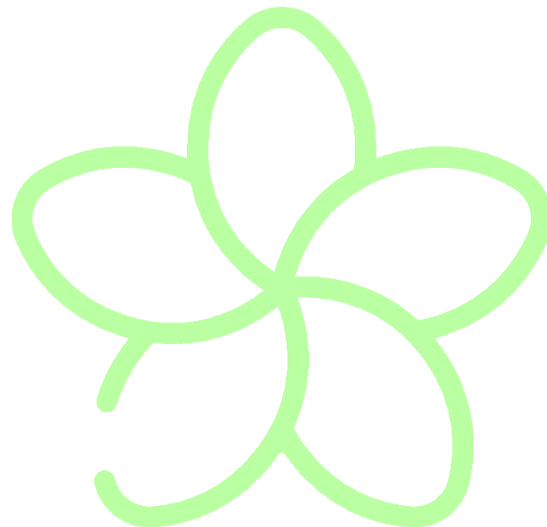
Voorhees, NJ 08043

Phone: _____

(856) 472-6921

Email: _____

ThymeToThriveHT@gmail.com



Contact Info

Name: _____

Date of Birth: _____ Pronouns: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Emergency Contact Info

Name: _____

Relation to Attendee: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Relevant Caregivers/Medical Professionals (if applicable)

Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Medical History

Please list any physical limitations, mobility aids, sensory limitations, etc.:

Please list any outdoor, seasonal, or food allergies:

Please list any relevant physical health conditions:

Please list any relevant mental health conditions:

On a scale of 0-3, 0 being the lowest, and 3 being the highest, please rate:

Overall daily mood	0	1	2	3
Overall daily stress	0	1	2	3
Preference for group work	0	1	2	3
Preference for solo projects	0	1	2	3
Preference for more complex projects	0	1	2	3
Experience with garden/nature activities	0	1	2	3

Specific interests related to Horticultural Therapy (Circle all that apply).

House Plants

Terrariums/Dish Gardens

Vegetables/Herbs

Culinary Uses

Flower Arrangements

Using Nature in Art

Forest Bathing

Fun Facts/Science

Other: _____

WAIVER & CONSENT:

By signing this Waiver and Consent, I understand and acknowledge that:

- I assume all risk to myself in participating in the above Thyme to Thrive, LLC Horticultural Therapy Session (hereinafter the "Session").
- I further understand and acknowledge the Session poses the risk of personal injury and that I undertake and assume this risk for myself.
- I further waive and release Thyme to Thrive, LLC and its respective Officials, Employees, Volunteers, Representatives and Agents (collectively, the "Entities") from any and all liability, for any injury or disability that may occur as a result of my participation in the Session.
- I represent that I am physically fit and sufficiently prepared for participation in the Session and that I am not aware of any health-related reasons or issues that would preclude my participation in the Session. I have not been advised by any health professional that would limit me from participating in the Session.

I Agree to Defend, Hold Harmless, and Indemnify Thyme to Thrive, LLC, its Officers, Agents and Employees (collectively, the "Entities") From and Against All Losses, Claims, Damages, Costs or Expenses (including reasonable legal fees, or similar costs) in Connection with any action or claim brought or made (or threatened to be brought or made) For or on Account of Any Injuries or Damages Sustained by Me Arising During the Course of My Participation in the Session.

ACKNOWLEDGEMENT & CERTIFICATION:

I certify that I have read this document, and I fully understand its contents. I am aware that by signing this Waiver and Consent, I am assuming any risk associated with participation in the Session and that I am releasing and indemnifying the Entities from any and all liability related to or arising from my participation in the Session. I certify that the information I have provided is true to the best of my knowledge. I am signing this Waiver and Consent of my own free will.

Signature

Print

Date

THIS RELEASE IS EFFECTIVE FOR THE DURATION OF THE SESSION FROM THE DATE THIS PERMISSION SLIP IS EXECUTED.