**Internship Welcome Letter & Application Process**

Thank you for your interest in an internship for your teen through Ben’s Ranch Foundation, a 501(c)(3) nonprofit organization. Our mission is to create better futures for young people struggling with mental health challenges by connecting them to employment on farms, ranches, stables, and equine therapy facilities.

This packet is designed to help guide you through the application process and includes an **Application**, a **Parent/Guardian Benchmark Survey** (to be completed by the parent or guardian), and a **Liability Release Form.**

Please complete the application and surveys and return them by email at: cpellegrino@bensranch.org, or by mail to: PO Box 3952, Carmel, IN 46082. The Liability Release form will be completed once a host-employer is identified.

If your application is approved, your teen will be added to our waiting list while we work to find a good employer-host near your location. This process can take days or months depending on the availability of employer-hosts in your area. Our team will help to guide you through this process and keep you updated.

Once a host-employer is identified we will help you schedule a mandatory meet-and-greet between you, your teen and the host-employer. It is imperative that you and your teen attend a meet and greet at the proposed work site, as this visit is an important way for you to confirm that you and your teen are comfortable with the role, the site, and employer in advance of an employment commitment.

If all parties wish to proceed with the internship, the host-employer may suggest a trial workday or two prior to confirming employment. Thereafter, the work schedule will be agreed between you, your teen, and the host-employer. In most cases your teen will receive compensation as agreed to in advance between you and the host-employer. You may choose to have payments sent to you directly to monitor financial matters on behalf of your minor teen.

The cost to participate in the program is $75.00 per week, paid monthly at the end of each month.

Due to the generosity of our donors, we offer discounts to our fees based on household income. If you would like to apply for a discount, please include the number of household members and your annual household income at the end of the application, and we will notify you of any discount approved. All information you provide about your teen and your income is strictly confidential. Make payments online at: https://bensranch.org/participation-form/ or by check at the address listed below.

Poor communication by parents or their teens with us or with the employer, late arrivals to work, or a poor attitude may result in termination of the internship.

Finally, please notify us first of any changes which could affect your teen’s ability to continue in the program. If at any time you wish to terminate the internship, we ask that you give us and the host-employer the courtesy of two weeks’ notice.

We know how difficult and challenging it can be to care for a young person struggling with mental health challenges, and we hope this experience is very helpful to you and the teen. Your careful cooperation, timely communication, and support for this process will help make this a wonderful experience for your teen.

**Welcome to Ben’s Ranch!**

Our mailing address: PO Box 3952, Carmel, IN 46082

Your Contact Person: Catherine Pellegrino at: cpellegrino@bensranch.org

Our Phone: 877-66-FARMS (32767) | Ext. 4

**Ben’s Ranch Foundation**

**Application Checklist**

Phase I

1. Review Application Cover and Welcome Letter:  \_\_\_\_
2. Complete and submit Teen Internship Application Form: \_\_\_\_
3. Complete application review call with case manager or senior staff member: \_\_\_\_

Phase II

1. Complete and submit Parent/Guardian Benchmark Survey: \_\_\_\_
2. Complete and submit Teen Benchmark Survey: \_\_\_\_
3. Complete pre-visit call with case manager or senior staff to discuss duties, responsibilities and plan walk-through visit to potential host employer site: \_\_\_\_\_
4. Complete and submit Authorization & Release Form: \_\_\_\_
5. Attend host site visit to meet and greet: \_\_\_\_
6. Complete and submit Authorization & Release Form: \_\_\_\_
7. Participate in one or more trail/shadow work day/s as agreed to with host: \_\_\_\_
8. If hired by host, confirm start date with host and Ben’s Ranch Foundation: \_\_\_\_
9. Schedule a two-week update call with case manager: \_\_\_\_
10. Keep in touch and tell us how your teen is responding!

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**Internship Application**

**Instructions:** This survey is to be completed by the teen’s parent/guardian, NOT by the teen. Once completed, scan and email this form to: cpellegrino@bensranch.org or mail to: PO Box 3952, Carmel, Indiana 46032.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intern/Teen Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How are you related to the teen applying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about BRF? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred your teen to BRF? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why was your teen referred to BRF? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education & Psychosocial Information**:

Where does the teen attend school?

What grade is the teen in?

Describe the level of academic achievement. What is the teen’s GPA?

Does the teen have an IEP? Is he/she enrolled in a curriculum based on intellectual or emotional disability?

In the last 30 days of scheduled classes, please estimate how many days of school your child has missed.

Has your child been suspended, had any detentions or other school behavior issues? Please explain.

Does any active dispute over custody exist which might affect the teen’s ability to participate? If so, please briefly describe.

Is the teen involved with any CPS/CASA caseworkers? Please list the name, organization, and address:

Has the teen ever been arrested? If yes, please explain.

Has the teen been a victim or perpetrator of emotional, physical or sexual abuse? If yes, please explain.

Check all the problems/behaviors that currently apply to your teen:

\_Trauma

\_Lack of motivation

\_Poor self-esteem

\_Grief

\_Defiance

\_Poor decision making

\_Relationship/friendship problems

\_Internet/video game addiction

\_Substance abuse

\_Social isolation

\_Disruptive at home

\_Sense of Entitlement

\_Disruptive at school

\_Anger issues

\_Self-harming behaviors

\_Mood disturbances

\_Anxiety

\_Other: \_\_\_\_\_\_\_

Please describe current problematic symptoms:

Has the teen ever had suicidal ideation or attempted suicide? Please explain.

Please list all current and previous psychiatric diagnoses for the teen. Please include year of diagnosis:

**Health Information:**

List all current and recent physicians and mental health professionals providing counseling and medical services to candidate.

**Allergies:**

List all prescribed medication doses and directions:

List all frequently used over the counter medications/supplements:

Will the teen need to have their medication and/or supplement with them during their internship hours?

Please list all current medical issues for which the teen is being treated.

Has the teen ever had cardiovascular, respiratory, or musculoskeletal issues?

Has your teen ever been hospitalized for any reason? Explain:

**Drug and Alcohol History:**

To your knowledge, has your teen ever used any of the following? Check all that apply:

\_Tobacco

\_Opiates (i.e. Oxycontin, Heroin):

\_Abuse Prescription Pills

\_Alcohol

\_Cocaine

\_Methamphetamine

\_Marijuana

\_Hallucinogens

\_Other (Please describe):

Please explain any checked items:

**Other Information:**

Has the teen ever been employed? If so, please list the job description, length of employment and job responsibilities.

How do you feel the teen would react to working in a farm/stable/ranch setting? (Working with and around livestock and/or horses, performing physical labor, working in a barn/stable around dirt).

Describe the teen’s availability after school, on weekends and during upcoming school breaks.

Would the teen drive to and from the work site or be driven by a family members, etc.?

How do you expect that the teen will find transportation to and from their internship site?

How far, in minutes, is the individual responsible for transporting the teen willing to travel one-way from the teen’s place of residence? (This information determines our host search).

Check what style of internship would be most preferential:

\_After School

\_Summer

\_Weekends

\_Other (please describe):

Ideal start date to begin teen’s internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reduced fee qualifications:**

Note: The following questions are strictly voluntary, and only necessary if you wish to apply for a reduced fee. Your information will be treated as confidential and held in strict confidence.

Family Size: Please list the total number of people residing in your household, as you would if you were filing for tax purposes: \_\_\_\_\_\_\_\_\_\_.

Income: Please provide the total gross income for your household for the previous year as reflected on your last federal tax return: \_\_\_\_\_\_\_\_\_\_\_\_\_. Please provide a copy of the summary sheet of your last tax return.

**BEN’S RANCH FOUNDATION**

**Parent-Guardian Survey**

**Instructions:** This survey is to be completed by the parent or guardian only, NOT by the teen.

Choose whichever answer seems to best describe your teen, or what has been most applicable for the past seven days. Once completed, scan and email this form to: cpellegrino@bensranch.org or mail to: PO Box 3952, Carmel, Indiana 46032.

**PROMIS SF 4a- Positive Affect**

My child felt happy

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt great

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt cheerful

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt joyful

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

**PROMIS SF 4a- Meaning & Purpose**

My child is hopeful about his/her future

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child can reach his/her goals in life

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child thinks his/her life is filled with meaning

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child thinks his/her life has purpose

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

**PROMIS SF 8a- Anxiety (Parent Proxy)**

My child felt nervous

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt scared

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt worried

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt like something awful might happen

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child worried when he/she was at home

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child got scared really easy

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child worried about what could happen to him/her

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child worried when he/she went to bed at night

 \_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

Please add anything else you feel is important for us to know about the teen:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION AND GENERAL RELEASE FOR INTERNSHIP**

***PLEASE READ CAREFULLY.***

***This is a legal document that affects your legal rights and those of your minor child.***

This Authorization and General Release and Waiver of Liability ("**Release**"), executed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("**Parent**"), the parent or legal guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child ("**Teen**"), and Teen, evidences their mutual desire that Teen have an opportunity to obtain a part-time job, frequently referred to as "an internship," at a host farm, ranch, therapeutic riding stable, or similar facility ("**Host Facility**") initially identified by Ben's Ranch Foundation, Inc. ("**Foundation**"), with its mailing address at P.O. Box 3952, Carmel, IN 46082, to compliment the medical care and counseling in which Teen is engaged by providing Teen opportunities to interact with nature, horses or other livestock, and personnel working at such facilities, and by participating in responsibilities that may include  the care and feeding of animals, cleaning stalls, lawn/field maintenance, bailing hay, maintaining or repairing equipment, painting fences, and other activities associated with the operations at such facilities (the "**Internship**"). Parent and Teen understand and acknowledge that an Internship will involve employment of Teen by a Host Facility, not Foundation, and that Host Facility will be solely responsible Teen's employment during an Internship.

In consideration for Foundation's efforts to identify and introduce Parent and Teen to a Host Facility for a possible Internship, and Teen's opportunity to participate in an Internship, Parent and Teen voluntarily execute this Release and agree to the following terms and conditions:

1. **Application for Internship**. Parent has completed and submitted to Foundation an application for Teen to be considered for possible Internship at a Host Facility. To the extent the application included any medical information regarding Teen, Parent acknowledges that such information was provided voluntarily and is not subject to restrictions on use, storage, and release by Foundation beyond reasonable care and use related to a potential Internship. Parent shall immediately inform Foundation and Host Facility of any conditions or material changes regarding the Teen that might alter the Teen's ability to participate in the Internship for any reason and is responsible for making sure Teen stops participating in the Internship. Parent agrees to collect and provide, and authorizes Foundation to receive  and use, information from various medical, therapeutic and other professionals, including records related to diagnosis, treatment, prognosis and progress as may be useful for determining the suitability of Teen's participation or continued participation in an Internship.
2. **Assumption of Risk**.  Parent and Teen acknowledge that: (i) they have had an opportunity to visit the Host Facility at which Teen's Internship will take place before commencement of the Internship and to understand the types of activities Teen will be participating in during the Internship; (ii) they are aware of and understand that participation in an Internship may include activities that may be hazardous or dangerous to Teen, including the inherent risks of participating in equine activities and working with livestock and equipment at a Host Facility; and (iii) that neither Foundation nor Host Facility are providing medical or mental health care, nor making any representations or warranties nor guaranteeing any particular result as it relates to Teen's participation in an Internship.  In light of the preceding acknowledgements and with sufficient knowledge of Teen's condition and limitations, if any, Parent and Teen hereby expressly and specifically authorize Teen's participation in an Internship and assume all responsibility and voluntarily accept the risk of illness or injury, including death, arising out of or related in any way to Teen's participation in an Internship. Parent agrees to maintain regular and timely communication with Foundation and Host Facility regarding Teen's participation in the Internship, and to assist in the collection of survey data designed to measure the impact the Internship has on the Teen.
3. **Medical Treatment Authorization**.  Parent gives permission to Host Facility to seek emergency medical treatment for Teen in the event Parent cannot be reached.  Neither Foundation nor Host Facility are providing Teen any medical care or consultation prior to or during the Internship.
4. **Waiver and Release and Indemnification**.  In consideration for Foundation's efforts to facilitate the placement of Teen in an Internship at a Host Facility, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, Parent and Teen, for themselves and their respective heirs, administrators, estates, and assigns, hereby waive all rights against, release, indemnify, discharge and hold harmless Foundation and Host Facility, and their respective owners, directors, officers, employees, affiliates, subsidiaries, agents, and volunteers (collectively, the "**Releasees**") from any and all liabilities, damages, losses, and claims, causes of action and demands, known or unknown, either in law or in equity, that Parent or Teen may suffer or have on account of injury, illness, disability or death of Teen arising out of or related in any way to Teen's participation in an Internship.  Further, Parent and Teen jointly and severally  agree to indemnify said Releasees against any and all claims made against Releasees as a result of Teen's negligence, gross negligence or willful misconduct while participating in an Internship.
5. **Insurance**.  Parent and Teen acknowledge that Releasees do not assume any responsibility for or obligation to provide financial or other assistance to Teen, including, but not limited to, medical, health, or disability insurance for any injury or illness Teen may sustain while participating in the Internship. Parent represents and warrants that Teen is covered by an insurance plan providing sufficient coverage for any illnesses or injuries Teen may sustain as a result of or arising out of Teen's participation in an Internship.
6. **Applicable Law**.  Parent and Teen expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Indiana. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

1. **Binding Effect**. Parent and Teen hereby agree that this Release shall be binding upon Parent and Teen, and their respective relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of Foundation and Releasees.

1. **Revocation**.  Parent and Teen understand that they may revoke this Release at any time by providing written notice of revocation to Foundation's Executive Director at Ben's Ranch Foundation, Inc, P.O. Box 3952, Carmel, IN 46082. Revocation of this Release will result in termination of Teen's internship, but the revocation will not apply to any event, occurrence, or activity that took place prior to the Foundation's receipt of written notice of revocation. In the absence of a revocation of this Release, this Release will remain in full force and effect for five years after the end of Teen's Internship, or such shorter period of time as required by law.

**I HAVE READ THIS AUTHORIZATION, RELEASE AND WAIVER AND FULLY UNDERSTAND ITS TERMS, INCLUDING THAT MY SIGNATURE ON THIS FORM OPERATES AS A RELEASE OF FOUNDATION AND HOST FACILITY, AND THEIR RESPECTIVE AFFILIATES, SUBSIDIARIES, OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, VOLUNTEERS, AND AGENTS FROM ANY AND ALL LIABILITY. I FREELY AND WILLINGLY HAVE SIGNED THIS RELEASE AND WAIVER WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE OF ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.  I FURTHER STATE THAT I AM OF LAWFUL AGE AND I AM COMPETENT TO SIGN THIS RELEASE AND WAIVER AS THE PARENT OR LEGAL GUARDIAN OF TEEN. MOREOVER, I AGREE, IF APPLICABLE, THAT I SHALL BE RESPONSIBLE FOR MY MINOR CHILD'S PARTICIPATION IN THE INTERNSHIP AND THAT MY MINOR CHILD AND I ARE BOTH BOUND BY AND SUBJECT TO THE TERMS OF THIS RELEASE AND WAIVER.**

Teen Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Legal Representative Name(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teen Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Legal Representative Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Teen:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_