

Journeyman Mentoring Organization

Rites of Passage Adventure

The Journeyman Mentoring Organization offers a program for teenage boys that is designed to help them develop into men with commitment, integrity, and accountability.

The Journeyman Rites Of Passage Adventure Weekend (ROPAW) is designed to challenge boys physically and emotionally and they will be encouraged to look at and share feelings that they may have never acknowledged before. During the weekend, your young man will become known as a Journeyman, and afterwards, he and the other Journeyman from his weekend will form a J-Group that will meet every other week.

The ROPAW begins Friday afternoon, October 7, 2011, and runs through Sunday afternoon, October 9, 2011 at Camp Arrowhead in Zirconia, NC. You will be asked to drop off your boy at the campsite where we will have a formal separation process. In case of an emergency, the Camp can be reached at 828.692.1123 during the weekend.

The tuition is \$350 US. A non-refundable deposit of \$150 is due by September 23, 2011 with the remaining balance payable by October 6, 2011.

Please complete and return the 3 following forms:

1. Application form
2. Agreements form (+clothing size)
3. Medical form
4. Release and Waiver of Liability
5. Photo Release Consent

And return to the Registrar at the address below.

Journeyman
PO Box 8066 • Asheville, NC 28814

1. APPLICATION FORM

Boy's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____ Email Address: _____

Date of Birth: _____ Current School: _____ Grade: _____

How did you hear about this program? _____

What do you hope to get from the Journeyman experience?

Parent(s) or Guardian(s)

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____ Email address: _____

Relationship to boy: _____

Is there any information about your boy that you feel we should know? _____

2. AGREEMENTS

I understand that _____ will spend this weekend in the company of 20 to 30 young men like himself and 30 or more experienced male adults.

I hereby give my permission for _____ to participate in The Journeymen Rites of Passage Adventure Weekend.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Financials

Tuition is \$350.00

A non-refundable deposit of \$150.00 is required to register with the balance due on September 23rd, 2011.

Please check off the appropriate options below.

Method of payment: Check _____ Cash _____ Credit Card _____ (paid online)

Full tuition (\$350.00) _____ Deposit (\$150.00) _____

Please detail below the payment schedule that will work for you if you require one:

Refund/Cancellation Policy:

If you cancel your agreement to attend the Rites of Passage Adventure Weekend (RPAW) on or before October 1st, 2011, your tuition will be refunded in full minus your deposit.

_____ I agree to the above conditions.

Boy's signature: _____ Date: _____

Parent or Guardian signature: _____ Date: _____

3. CONFIDENTIAL MEDICAL RECORD

The information we ask you to provide is for medical emergencies only. We will keep this information confidential. However, if your son becomes ill or injured during any Journeyman event, we will share this information with emergency medical personnel

General Information

Participant's Name (printed): _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Physician: _____ Do you have health insurance? Yes ___ No ___

Insurance Company: _____ Policy #: _____

In the event of a medical emergency, how would you like us to proceed?

Medical/Psychological History

Does your son have or had any medical/psychological condition that you would want us to inform emergency medi-

cal personnel about? Yes _____ No _____ If yes, please list below.

Condition (s)

How long ago or at what age _____

Treatment Received _____

Other Relevant Information _____

Medication (s)

Is your son taking any prescription medications? Yes _____ No _____ If yes, please list below.

Medication	How much/how often	Current Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your son take prescription medications on the weekend? Yes _____ No _____ If yes, please list below.

Medication	How much/how often	Current Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical or Other Allergies

Does your son have allergies? Yes _____ No _____ If yes, please list below.

Allergy

Reaction

Signature of Legal Guardian or Parent Required

The information provided above is complete and accurate. I agree to notify Journeymen should there be any changes in the information that I have provided here. I authorize Journeymen to release this information to medical personnel in an emergency

Please attach additional information as necessary.

Parent's / Legal Guardian's Name:

Parent's / Legal Guardian's Signature:

Date: _____

AGGREEMENT:

It is the responsibility of each young man and his family to adhere to the instructions given in this notice.

Participants are expected to:

1. Commit to remaining for the duration of the adventure.
2. Participate to best of their ability in all processes.
3. Hold confidential all processes and their contents.

WHAT TO BRING:

1. Toiletries
2. An old pair of running shoes
3. A sleeping bag and a pillow
4. 3 changes of underwear (long underwear as well) and socks. Heavy coat. Hat and gloves.
6. Bathing suit and a towel
7. Prescription medicines in a clearly marked bag, and a health insurance card if available

THINGS YOU NEED NOT BRING:

1. Weapons of any type
2. Drugs of any form including nicotine and caffeine
3. Electronic devices of any type
4. Watches, clocks, and jewelry

4. RELEASE AND WAIVER OF LIABILITY AND WAIVER OF RIGHT TO SUE

In consideration of the services provided to me by the Journeymen Mentoring Network, Incorporated, their agents, officers, volunteers, representatives, employees, affiliates, heirs, successors, and assigns, (hereinafter referred to as "Journeymen"), I for myself and for my heirs, successors, assigns, parents, next-of-kin, personal representatives and estate (hereinafter referred to collectively "my Heirs"), intending to be legally bound, agree as follows:

1. Risks. I am going to participate in a personal growth program for teen boys sponsored and operated by Journeymen, on October 7 - 9, 2011, at Camp Arrowhead, Zirconia, NC.(the "Program") The Program involves varied activities, including, without limitation, vigorous physical activities, games and other activities conducted both indoors and outdoors during both day and night, and reflective and introspective mental, emotional, and intellectual activity ("the Activities").

I understand that Journeymen, its leaders, volunteers, and staff will act reasonably in seeking to provide a safe environment for the Program and the Activities in which I participate. However, I also understand that Journeymen cannot guarantee that I will not be harmed or injured.

I understand that participation in the Program and the Activities involves inherent risks, which cannot be fully eliminated without jeopardizing the essential qualities of the Program and the Activities. Known risks include, for example, the possibility of slips and falls, burns, and broken bones, and the possibility of contact with plants, animals, or insects that could cause stings, allergic reactions, or other injury.

However unlikely, participation in the Activities and the Program may involve unknown and unforeseeable risks, including severe injury, or even death, to myself or third parties, or damage to property owned by me or by others.

2. Assumption of risk. I agree to act with great care for my safety and well being and that of all other people and property around me during the Program and the Activities. I understand that I have the right to decline to participate in any Activity. I am participating voluntarily in the Activities and the Program at my own risk, and I expressly accept full responsibility for all of the risks, known or unknown. I elect to participate in spite of the risks. I agree, therefore, that Journeymen will not be liable to me for any injuries to me or to my property, which may occur as a result of my participation in the Activities or the Program.

3. Release. In consideration of being able to participate in the Program, I and My Heirs release and discharge Journeymen from all present and future liability to me or to my heirs for any claim or cause of action arising from physical or mental injury, death and/or property damage which may occur as a result of my participation in the Program or any Activities of the Program.

4. Nature of Release. This release, waiver, and indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the United States. If any portion of the Agreement is held invalid, the balance shall still continue in full legal force and effect.

5. Costs and Attorneys' Fees. I also agree that should Journeymen, its agents or representatives be obliged, to enforce this Agreement and the promises I have made in it or to defend against an action brought by me notwithstanding this Agreement, I agree to indemnify Journeymen against and hold Journeymen harmless from the same, and to reimburse Journeymen for all related attorneys' fees, discovery and other litigation costs.

6. Medical Certification. I certify that 1) I have no medical, physical, mental, or emotional conditions that I know or reasonably suspect could interfere with or risk my safety while participating in the Program and the Activities; or 2) if I have any such condition, I have disclosed it to Journeymen. If I have any such condition, I

assume and bear the risks and costs of any injury or damage that may result from participation in the Program and the Activities with my condition.

7. Mediation, Arbitration, Waiver of Right to Sue. I waive my right to bring any legal action against Journeymen, or any action arising out of my participation in the Program and Activities in any court. Instead, I agree that I will submit any claim that I and/or my Heirs may have against Journeymen as a direct or indirect result of my participation in the Activities or Program, to mediation by a neutral third party, preferably a mediator who practices regularly under the auspices of the courts of United States. If after six (6) sessions, mediation is unsuccessful, then I have the right, if I choose, to request final and binding arbitration of my claims. Any such arbitration will be held in the US, and US substantive law will apply. I agree that any resulting arbitration award is final and binding upon both Journeymen and upon my Heirs and me. By signing this Agreement I am knowingly waiving my right to litigate any such claim in any provincial or federal court. Any legal action to enforce an arbitration award or any other legal action of any kind brought against Journeymen must be brought in an appropriate court in the United States, and American substantive law will apply. Any arbitrator chosen pursuant to this paragraph will be chosen from a list or lists supplied by the American Arbitration Association and/or the Federal Mediation and Conciliation Service, or from any other mutually agreeable source.

8. Agreement Controlling. This release contains the entire agreement between Journeymen and me, and supersedes any and all other agreements or representations, written or oral.

I am the parent or guardian of [Boy's Name] _____
(the "Participant"). I understand that by signing this Release and Waiver, I am waiving certain of my legal rights as well as the rights of the Participant to sue Journeymen. I am also waiving the right to assert any claim in court. Instead, I am agreeing for the Participant and for myself and My Heirs to first submit any dispute with Journeymen, and any claim arising out of the Participant's participation in the Activities and the Program, to mediation. If the mediation is not successful, then I may, at my option, request final and binding arbitration. I understand fully the consequences of this waiver. I also acknowledge that I have had opportunity to ask questions regarding this Release and Waiver and to have this document reviewed by my legal counsel. I have read the Release and Waiver in its entirety. I understand the content of the document, I sign this Release and Waiver freely and voluntarily, and I agree, for myself and the Participant, to be legally bound by the terms and conditions of this document.

I sign this Release and Waiver freely and voluntarily, and I agree to be legally bound by the terms and conditions of this document.

Parent or Guardian's Signature: _____

Please Print: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Today's Date: _____

ACCEPTED:

Journeymen

By: _____ Date: _____

5. CONSENT DISCLAIMER

Journeyman may photograph and videotape parts of the upcoming Journeyman Adventure Weekend in order to promote future Journeyman events. By signing and returning this form, you give your consent to Journeyman. This is a voluntary request and is not mandatory.

- The undersigned agrees to the possibility of being interviewed, recorded and photographed by Journeyman or any person they mandate to that effect.
- I acknowledge that Journeyman has responded to all the questions I asked about the program to my satisfaction.
- I accept that Journeyman may or may not use my name, image and likeness in any verbal presentation, conference, interview and written publication.
- I recognize that Journeyman shall have the exclusive rights to the materials indicated above, including copyrights and proprietary rights, and I assign to Journeyman any right in relation to the materials. Journeyman may not assign or transfer, in whole or in part, the rights granted by the present contract.

AND I HAVE SIGNED,

Signature of participant: _____ Date: _____

PART TO BE COMPLETED BY THE PERSON HAVING PARENTAL AUTHORITY

I declare having parental authority of the participant who is a minor. The participant with my authorization signs this consent. No other consent is necessary to bind the participant.

AND I HAVE SIGNED

Signature of Person Having Parental Authority : _____ Date: _____

Complete name in block letters : _____ Date: _____