



Initiate Application Rite of Passage Adventure Weekend (ROPAW)

Friday, October 4, 4:45 pm to Sunday, October 6, 2019, 3:00 pm

Homecoming Ceremony: Sunday, October 13, 2019 3:00 pm – 6:00 pm

(Application to be completed by a legal parent or guardian)

The Journeyman Rites Of Passage Adventure Weekend (ROPAW) is designed to challenge those seeking initiation 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.

The ROPAW begins Friday afternoon, October 4, 2019, and runs through Sunday afternoon, October 6, 2019 at Sacred Mountain Sanctuary in Candler, North Carolina. You will be asked to drop off your son at the campsite where we will have a formal separation process. In case of an emergency, we can be reached at the camp at 828.771.6344.

The tuition is \$350.00. A non-refundable deposit of \$100.00 is due by September 23, 2019 with the remaining balance payable by September 30, 2019. If you are in need of financial assistance or would like to discuss a payment plan, or would like to apply for a partial scholarship, indicate below and provide the requested information on page 7.

Please complete and return all of the following forms:

- | | |
|--|---|
| 1. Application form (this page) | 6. Initiate Questionnaire (page 8) |
| 2. Agreements (page 2) | 7. Release and Acknowledgement of Risks (page 11) |
| 3. Confidential Medical Questionnaire (page 3) | |
| 4. Consent Disclaimer (page 6) (optional) | |
| 5. Scholarship form (page 7) (optional) | |

Please return these forms via email, fax or US mail to the ROPAW Registrar indicated below.

Attention: Jordan Foltz, Journeyman

Phone: 828.230.7353

Email: journeymenasheville@gmail.com

Fax: 828.539.4082

Mail: PO Box 7125, Asheville, NC 28802

Initiate Information:

First Name _____ Last Name _____ Nickname _____

Date of Birth _____ Current School _____ Grade _____

Parent or Legal Guardian Information:

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent or Guardian Cell _____

Parent or Guardian Email address _____

Agreements

I understand that _____ (hereinafter "Participant") will spend the ROPAW weekend in the company of 10 to 20 initiates like himself, and approximately 20 to 30 or more experienced male adults, who have been fully vetted and their backgrounds checked.

Participant agrees to the following:

1. To commit to remain for the duration of the adventure (4:45 pm Friday to 3:00 pm Sunday),
2. To participate to best of his ability in all processes, and
3. To hold confidential all processes and their contents.

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

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

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Financial Section:

ROPAW Initiate tuition is \$350.00. A non-refundable deposit of \$100.00 is required to register, with the balance due on September 23, 2019. Please check off the appropriate options below:

Method of payment: Check _____ Cash _____ Credit Card _____

Paid online at (<http://www.journeymenasheville.org/ropaw>): Full tuition (\$350) _____ Deposit (\$100) _____

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 Journeyman Rites of Passage Adventure Weekend (ROPAW) on or before September 27, 2019, your tuition will be refunded in full minus your deposit.

_____ I agree to the above conditions. (please initial)

Please send ROPAW Initiate fee either by mail to PO Box 7125, Asheville, NC 28802, or online at www.journeymenasheville.org/ropaw. Please make checks payable to "Journeyman."



Confidential Medical Questionnaire (to be filled out by a parent or legal guardian)

For purposes of this form your son, foster child or adolescent boy of whom you have legal custody is hereinafter referred to as "Participant". In order to acquaint our staff with your Participant's medical needs, we require that you complete this Confidential Medical Record. If your Participant becomes ill or injured during the weekend you are authorizing us to share this information with medical personnel. Otherwise, all information will be kept strictly confidential. Please complete every item in every section. Mark N/A if any section is not applicable. If you are mailing this form to us, please keep a photocopy.

General Information:

Participant Full Name _____

Physician's Name _____ Phone _____

Does your Participant have health insurance? Yes _____ No _____

Insurance Company _____ Phone _____

Policy Number: _____ Expiration Date: _____

Emergency Contact Information:

Emergency Contact Full Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

1. Does your Participant have any medical or physical conditions that would affect his participation in ROPAW?

2. Do your Participant have any emotional or psychological concerns that need to be addressed?

3. In case of medical emergency please list specific instructions:

Medical History:

1. Has your son ever been hospitalized? Yes No

2. Do you have, or have ever had, any of the following conditions or symptoms? Please check any that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Obesity | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Neck or Back Problems | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Endocrine or Gland Problems |
| <input type="checkbox"/> Elevated cholesterol | <input type="checkbox"/> Muscle Cramps | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Family history of heart attack | <input type="checkbox"/> Exposure to TB | <input type="checkbox"/> Blood disorder or anemia |
| <input type="checkbox"/> Circulation Problems | <input type="checkbox"/> Recurrent lung infections | <input type="checkbox"/> Sickle cell disease or trait |
| <input type="checkbox"/> Chest Pain/Pressure | <input type="checkbox"/> Active Hepatitis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> History of Hepatitis B or C | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> HIV Positive or AIDS | <input type="checkbox"/> Special Dietary Needs |
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Unexplained Sweating | <input type="checkbox"/> Medical Equipment/Devices |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Special Physical Requirements |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Seizure within past year | <input type="checkbox"/> Psychological/emotional problems |
| <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Significant Head Injury | |
| <input type="checkbox"/> Bladder Infections | <input type="checkbox"/> Learning Disability | |
| <input type="checkbox"/> Difficulty Urinating | <input type="checkbox"/> Frequent Dizziness | |
| <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Frequent Fainting | |

If you have answered "yes" to any of the above items please explain below.

Medications:

1. Is your son taking any medications (prescription or nonprescription)? Yes No

If yes, please list and describe reasons:

2. Will your son require medication during the ROPAW weekend? Yes No
 If yes, please list below:

<u>Medication</u>	<u>How much/how often</u>	<u>Current Side Effects</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Does your son have any medical allergies? Yes No
 If yes, please list: _____

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my son's participation in this Rites of Passage Adventure Weekend (ROPAW). I realize that failure to disclose such information could result in serious harm to my Participant and/or other participants. I agree to notify Journeyman should there be any changes in my Participant's health status. I authorize Journeyman to release this information to medical personnel in an emergency. I also authorize Journeyman to contact my Participant's physician or therapist to clarify any questions related to my Participant's health. I understand that Journeyman reserves the right to refuse participation to anyone, at their discretion, for medical reasons.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____



Consent Disclaimer (this is a voluntary request)

I consent that Journeyman may photograph and videotape parts of the upcoming Rite of Passage Adventure Weekend (ROPAW) in order to promote future Journeyman events. By signing and returning this form I give my consent to Journeyman.

- I agree that I may be interviewed, recorded and photographed by Journeyman or any person Journeyman mandates to that effect.
- I acknowledge that Journeyman has responded to all the questions I asked about ROPAW 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.

Participant Signature: _____ Date: _____

Part to be completed by the Legal Parent or Guardian

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

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

Scholarship Form

Journeyman offers full and partial scholarships to Participant families and legal guardians who are in financial need, and whose Participant demonstrates a willingness to commit to becoming a man of integrity and service. Qualifying for a scholarship will be determined by these criteria. Our staff will evaluate each application and you will be promptly notified if you qualify.

Please fill out the following information:

Parents and Legal Guardians Section:

Please fill out the following information:

1. Are you able to pay the \$100.00 deposit? Yes _____ No _____

2. Are you committed to ensuring that your son participates in our ongoing group meetings and other outings, as in providing transportation, encouragement and support to your Participant? Yes _____ No _____

3. Please make a specific request for scholarship and/or payment plan below:

Initiate Questionnaire: (to be completed by Participant)

It is important for you to know that by participating in ROPAW as an initiate that you are intending to begin your initiation into manhood. It is also important to know that you are receiving support from other people who are invested in helping you grow into a man of integrity. Each Journeyman board member, staff, volunteer or mentor contributes to ROPAW because they are willing to give something back in service to their community. They are committing to you and your growth and development into manhood, and in return they request that you take time to consider why you wish to participate in ROPAW, beginning by carefully answering the questions below, and to show up and participate to the fullest extent of your ability.

Do you understand and agree to this? Yes _____ No _____

Please complete using your best PRINT.
 You can use more paper if you need more space for any particular answer.

1. Do you want to be a man of integrity and feel respected in your family and community? Yes _____ No _____

If yes, please explain why:

2. Do you believe that becoming a man just happens or does it require some effort on your part? Yes _____ No _____

Please explain your answer:

3. Do you have any men in your life that you consider a role model or look up to in some way? Yes _____ No _____

If yes, please explain who they are and what about them makes them a role model or someone to look up to:

4. What kind of man do you want to be? (Example: I want to be a man that... I want to be a man who)

5. Are you willing to accept the support of other young men like yourself and older mentors to help you become a man? Yes _____ No _____

6. Are you willing to tell the truth about yourself to the best of your ability? Yes _____ No _____

7. Are you willing to be challenged by other young men like yourself and older mentors to discover parts of yourself you may be unaware of? Yes _____ No _____

8. Are you willing to take full responsibility for yourself and your actions? Yes _____ No _____

9. Why do you want to be a Journeyman?

Release and Acknowledgement of Risks

Initiate Name: _____

Parent/Guardian: _____

ROPAW Date: October 3 – 6, 2019

In consideration of the services of Journeyman, including all of their officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for them or on their behalf (hereinafter collectively referred to as "Journeyman"), the right of my son, foster child or adolescent boy of whom I have legal custody (hereinafter "Participant"), and the right of my Participant to engage in this rite of passage adventure weekend (hereinafter "ROPAW"), I hereby freely and voluntarily agree to release, indemnify, and hold Journeyman harmless on behalf of myself, my Participant, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I understand that the ROPAW is a personal growth and development course and involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death, illness, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. These risks include, among other things:

A. The nature of ROPAW itself, which involves:

1. Strenuous and vigorous, physical, mental, emotional, and intellectual activity such as outdoor and indoor games during day or night, role playing (e.g. enactments of past events, feelings or parts of psyche or personality) and exercises and processes which may include or result in physical, mental or emotional stress, distress and fatigue (e.g. facing and overcoming physical, emotional or mental obstacles to the achievement of goals);
2. The potential for death; for injury to skeletal-neuromuscular system (such as strains, fractures, ruptures, bruises, loss of limb or loss of use of limb, paraplegia and quadriplegia), to internal organs, to cardiovascular system (such as elevated blood pressure, elevated pulse, heart attack, aneurysm, hemorrhage or stroke), to eyes or ears (loss of sight or hearing), to body (such as scrapes, scratches, punctures, lacerations) and to mental health (such as depression or retraumatization relating to past psychological history); and
3. The potential for change with respect to such matters as: education, career, job or business; relationships with family, friends, women, youth, co-workers, and behavior in social, personal or school and business settings.

B. The acts or omissions of Journeyman who may, among other things, be ignorant of any participant's fitness or abilities; misjudge the weather, the elements, or the terrain; or give inadequate instructions, warnings or advice.

C. Latent or apparent defects or conditions in the equipment or property supplied by Journeyman or other persons or entities as well as the use or operation of such equipment.

D. Acts of other participants in this training or other persons.

II. PARTICIPANT UNDERTAKINGS

1. I and my representatives expressly acknowledge and agree and promise to accept, all of the risks existing in this training, including those risks listed above as well as those risks not specifically listed above.
2. I and my representatives understand, acknowledge and represent that my participation in this ROPAW and in every separate part thereof is purely voluntary and I authorize my Participant to participate in spite of and with full knowledge of all the risks. I acknowledge that at all times my Participant will be free to choose to leave the training or to not engage in any part or all of ROPAW.
3. I and my representatives hereby authorize Journeyman to take any and all reasonable steps on behalf of

my Participant in the case of any physical or other injury, illness or condition my Participant might suffer during ROPAW. In the event of a medical emergency or potential medical emergency, including but not limited to the detoxification of alcohol or any substance, Journeyman will refer the participant to the appropriate level of care and/or treatment center and discharge the participant to the minor's legal guardian. Journeyman is hereby authorized to apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment if Journeyman may be deemed reasonable and necessary for my Participant's immediate care, health and safety.

4. I and my representatives hereby voluntarily release, forever discharge Journeyman and agree to indemnify and hold Journeyman harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, my Participant's participation in ROPAW, my Participant's use of Journeyman equipment or facilities, or the provision by Journeyman of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.
5. I and my representatives additionally release and forever discharge Sacred Mountain Sanctuary ("SMS") and agree to indemnify and hold SMS harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, my Participant's participation in this Staffing, my Participant's use of SMS equipment or facilities.
6. I agree and promise to indemnify and hold Journeyman harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by Journeyman in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with, my participation in ROPAW.
7. I additionally agree and promise to indemnify and hold SMS harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by SMS in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with, my participation in this Staffing.
8. In signing this document, I fully recognize and acknowledge that if anyone (including myself) is hurt or property is damaged, lost, or destroyed, as a result of my Participant's participation in ROPAW, I may be found by a court of law to have given up any right I might have to make a claim or file a lawsuit against Journeyman.
9. Should Journeyman or anyone acting on their behalf be required to incur attorney fees and costs in connection with any effort to enforce this agreement as a result of my Participant's participation in ROPAW, I agree and promise to indemnify and hold them harmless against all such fees and costs.
10. I certify that I have sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage my Participant may suffer or cause while participating in ROPAW. If I have no such insurance I agree to bear all the costs of any and all such expenses and liability.
11. I certify that I have completed the Confidential Medical Questionnaire form required by Journeyman; that I have disclosed each and every physical, emotional or mental condition for which my Participant has received treatment or am currently receiving treatment; that the information I have provided pertaining to my Participant's physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of Journeyman. I further certify that my Participant has no medical condition which could interfere with his safety in the training and agree to assume and bear the costs of all risks, liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with any medical condition my Participant has whether or not I have previously disclosed that condition to Journeyman.
12. I have sufficient opportunity to read and understand this entire document. I have read and understood it. I agree to be bound by all of its terms.

Parent/Guardian Print Name _____

Guardian/Parent Signature _____ Date _____

Initiate Information Sheet

Friday, October 4, 4:45 pm to Sunday, October 6, 2019, 3:00 pm

Homecoming Ceremony: Sunday, October 13, 2019. 3:00 pm – 6:00 pm

The **Rites of Passage Adventure Weekend (ROPAW)** is a life-changing experience from boyhood toward manhood. ROPAW is not about us telling you what kind of man to be. It's about you discovering for yourself the man you choose to become.

On the weekend, you will be greeted by forty or more men and young men who have previously initiated in ROPAW. You are challenged physically and emotionally, and you will have the opportunity to bond with new friends and the men of Journeyman. We will form a community together, and in our community we will work together to support you in your journey to manhood. We will also have fun, eat lots of good food, and participate in activities.

We look forward to welcoming you into our community of boys and men.

Please come prepared for the weekend

The more prepared you are the better your experience will be. Being prepared means having warm clothes, a flashlight, beanie, gloves, sleeping bag and so forth. It also means coming ready to be focused on the weekend and the purpose for which you are there.

What to bring:

1. Toiletries
2. Old pair of running shoes or hiking boots
3. Sleeping bag and pillow
4. Change of underwear and socks
5. Pair of long underwear
6. Shorts and a towel
7. Flashlight or headlamp
8. Prescription medicines in a clearly marked bag, and a health insurance card if available

What not to bring:

1. Weapons of any type
2. Drugs of any form including tobacco or energy drinks
3. Electronic devices of any type
4. Watches, clocks and jewelry

If you have any questions feel free to contact any of the mentors that you may communicate with, or Jordan Foltz at 828.230.7353 for the Asheville group, or Jordan Bowman for the Triangle group at 919.907.1177