



ROPAW Staff Registration

Weekend Dates: Thursday, October 3, 2019, 4:00 pm to Sunday, October 6, 2019, 3:00 pm

Homecoming Ceremony (Asheville, NC): Sunday, October 13, 2019. 3:00 pm – 6:00 pm

First Name _____ Last Name _____ Nickname _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email address _____

My Commitment: (please initial where appropriate)

_____ I agree to staff the Fall 2019 Journey Men ROPAW from Thursday October 3 through Sunday October 6 at Sacred Mountain Sanctuary in Candler, North Carolina.

_____ I agree to arrive at Sacred Mountain Sanctuary on Thursday, October 3 and have my tent set up by 5:00 pm and to participate until Sunday, October 6, 3:00 pm.

_____ I volunteer to stay until 5:00 pm on Sunday, October 6 to assist with final clean up and packing.

_____ I agree to attend the Homecoming Ceremony in Asheville or Cary to welcome the new initiates back into the community on the following Sunday, October 13, 2019.

Staffing Fees:

I am aware that my acceptance to staff is subject to a background check no older than 18 months and that I am responsible for paying the additional \$20 fee if one is due. Journey Men must run its own background checks.

_____ I commit to pay my early registration discounted staffing fee of \$100.00 either online or by mail (plus \$20 for background check if required) by the deadline of Monday September 23, 2019. I understand that if I do not submit payment by the deadline, a \$30 late fee will be required.

_____ I commit to pay my staffing fee of \$130.00 (plus \$20.00 for background check if required) if application and payment is submitted after the early registration deadline of Monday September 23, 2019.

Please complete and return all of the following forms:

1. Staff Registration Form (this page)
2. Confidential Medical Questionnaire (page 2)
3. Consent Disclaimer (page 3)
4. Release & Acknowledgement of Risks (pages 4-5)

Please send ROPAW staffing fee(s) either by mail to PO Box 7125, Asheville, NC 28802, or online at www.journeymenasheville.org/ropaw. Please make checks payable to "Journey Men." Return forms via email, fax or US mail to the address indicated below.

Email: JourneyMenAsheville@gmail.com or JourneyMenRegistrar@gmail.com

Fax: 828.539.4082

Mail: PO Box 7125, Asheville, NC 28802



Confidential Medical Questionnaire

If you become ill or injured during ROPAW you authorize us to share this information with medical personnel. Otherwise, all information will be kept strictly confidential.

Emergency Contact _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Insurance Company _____ Policy Number _____

1. Do you have any medical or psychological conditions that would effect your participation in the ROPAW?

_____ YES _____ NO

If yes please explain:

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

The information provided above is a complete and accurate statement of the physical and psychological factors that may effect my participation in the Rites of Passage Adventure Weekend (ROPAW). I realize that failure to disclose any and all pertinent information could result in serious harm to myself or to other participants. I agree to notify Journey Men should there be any changes in my health status. I authorize Journey Men to release this information to medical personnel in an emergency. I understand that Journey Men reserves the right to refuse participation to anyone for medical reasons at their discretion.

Print Name _____

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 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.

Print Name _____

Signature _____

Date: _____



Release and Acknowledgment of Risks

Your Name _____

ROPAW Dates: 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") and the right to engage in this ROPAW Staffing ("Staffing") as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold Journeyman harmless on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I understand that the Staffing 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, but are not limited to:

- A. The nature of Staffing 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 re-traumatization relating to past psychological history).
 - 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.

Signature: _____ Date: _____



II. STAFFER UNDERTAKINGS

- A. 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.
- B. I and my representatives understand, acknowledge and represent that my participation in this Staffing and in every separate part thereof is purely voluntary and I elect to participate in spite of and with full knowledge of all the risks. I acknowledge that at all times I will be free to choose to leave the training or to not engage in any part or all of the Staffing.
- C. I and my representatives hereby authorize JourneyMen 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, JourneyMen will refer me to the appropriate level of care and/or treatment center. JourneyMen 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 of JourneyMen may be deemed reasonable and necessary for my immediate care, health and safety.
- D. I and my representatives hereby voluntarily release, forever discharge JourneyMen and agree to indemnify and hold JourneyMen 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 participation in this Staffing, my use of JourneyMen equipment or facilities, or the provision by JourneyMen of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.
- E. 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 participation in this Staffing, my use of SMS equipment or facilities.
- F. I agree and promise to indemnify and hold JourneyMen harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by JourneyMen 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.
- G. 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.
- H. 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 participation in this Staffing, 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 JourneyMen.
- I. Should JourneyMen 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 participation in this Staffing, I agree and promise to indemnify and hold them harmless against all such fees and costs.
- J. I certify that I have sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage I may suffer or cause while participating in this Staffing. If I have no such insurance I agree to bear all the costs of any and all such expenses and liability.
- K. I certify that I have completed the confidential medical questionnaire form required by JourneyMen; that I have disclosed each and every physical, emotional or mental condition for which I have received treatment or am currently receiving treatment; that the information I have provided pertaining to my physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of JourneyMen. I further certify that I have no medical condition which could interfere with my 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 I have whether or not I have previously disclosed that condition to Journey Men.

- L. 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.

III. CONFIDENTIALITY AND MANDATED REPORTING

- A. I understand that during ROPAW, initiates and Journey Men will have the opportunity to share deeply about who they are, their lives, and both positive and negative experiences which may include very personal information or content related to traumatic events. I further understand that what is shared by the initiates and Journey Men is to be kept confidential, except in the following circumstances that fall under mandated reporting:
 - 1. I understand that as a Journey Men ROPAW staff member, I fall under the category of mandated reporter, and that I am required by law to report to the proper authorities anything a mentee shares with that shows that he is or may be endangering his physical safety or the physical safety of someone else.
 - 2. I understand also that as a mandated reporter I must report any suspected child abuse or neglect immediately. All such reports must be made to the appropriate state and/or county authorities. Program staff must follow the mandatory reporting of child abuse and neglect procedure.

Print Name _____

Signature _____

Date: _____