



Boys to Men Mentoring Network

North Central Arizona

PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Rites of Passage Adventure Weekends and subsequent Journeymen Groups

Participant Name: _____

If under 18, Name of legal guardian: _____

In consideration of the services of Boys To Men Mentoring Network, including all of its officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for it or on its behalf (hereinafter collectively referred to as (“BTM”) and the right to engage in a Rites of Passage Adventure Weekend (ROPAW) and subsequent Adventure Groups (AGroups) as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold BTM and associated organizations 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 Rites of Passage Adventure Weekend 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 the 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-neuro-muscular 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, fellow youth, co-workers, and behavior in social, personal or school and business settings.

B. The acts or omissions of BTM 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 BTM 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 a ROPAW, and subsequent AGroups, 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 a ROPAW and subsequent AGroups 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 ROPAW or subsequent AGroups.
3. I and my representatives hereby authorize BTM to take any and all reasonable steps on my behalf in the case of any physical or other injury, illness or condition I might suffer during the ROPAW and subsequent AGroups. BTM 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 BTM may be deemed reasonable and necessary for my immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge BTM and agree to indemnify and hold BTM 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 a ROPAW and subsequent AGroups, my use of BTM equipment or facilities, or the provision by BTM of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.
5. I agree and promise to indemnify and hold BTM harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by BTM 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 ROPAW or subsequent AGroups.
6. 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 a ROPAW or subsequent AGroups, 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 BTM.
7. Should BTM 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 a ROPAW or subsequent AGroups, I agree and promise to indemnify and hold them harmless against all such fees and costs.
8. 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 a ROPAW or subsequent AGroups. If I have no such insurance I agree to bear all the costs of any and all such expenses and liability.
9. I certify that I have completed the confidential medical questionnaire form required by BTM; 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 BTM. 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 BTM.
10. 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.

Signature of Participant: _____

Print Name: _____ Date: _____

Signature of Parent or Guardian: _____

Print Name: _____ Date: _____

Demographic Information

These questions are specific in nature to the type of data our organization needs in order to apply for certain grants. These grants are a significant portion of our overall operating budget. These answers will remain strictly confidential and are for grant reporting purposes only.

Does the participant qualify for free or reduced school lunches? (Circle one) Yes No

How many people (including you) live in your household? (Circle one) 1 2 3 4 5 6 7
8 9 10 More

What is your approximate *monthly* income? (Circle one)

\$1966 or less \$1967 - \$2473 \$2474 - \$2981 \$2982 - \$3488 \$3489 - \$3996

\$3997 - \$4503 More than \$4503

Has the participant ever been incarcerated, in detention or on probation? (Circle one) Yes No

Please circle the participant's ethnic origin (or race):

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other

Have either of the participant's parents been in the military or are currently active duty in the military? Yes No

Have either of the participant's parents ever been incarcerated? Yes No

What school does the participant attend? _____

In what year does the participant anticipate graduating from high school? _____

CONFIDENTIAL MEDICAL RECORD

In order to acquaint our staff with the participant's medical needs, and to ensure the safety of the participant and all other participants, we require that you complete this Confidential Medical Record. If the participant becomes ill or is injured on the weekend we may 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 copy.

General Information

Boy's Name _____

Cell Phone _____ Evening Phone _____ Birth date ___/___/___

Email: _____ Age _____

Family Contact _____ Relationship _____

Address _____

Daytime Phone _____ Cell Phone: _____

Evening Phone _____ Email: _____

Physician: _____ Phone _____

Insurance Co.: _____ Phone _____

Policy Number: _____ Expiration Date: _____

Does the participant have any medical or physical conditions that would affect his participation in the Boys to Men Adventure Weekend?

Has he ever been hospitalized? Yes No If yes, for what?

Does the participant need any medications during the weekend? Yes No

If yes, please list below and give all medications to the staff person on Friday when you drop off the participant.

Medications

Name of Medication	How much/how often	For	Current Side Effects

Medical Allergies

Does the participant have any allergies? Yes No

If yes, please list below.

Allergy	Reaction

Does the participant have any emotional or psychological concerns that need to be addressed?

In case of medical emergency please list specific instructions

Medical History

Does your participant have, or has he ever had, any of the following conditions or symptoms? Please specify **Yes** or **No** for each condition.

		Yes	No			Yes	No			Yes	No
1.	Vision Impairment			20.	Kidney Problems			39.	Frequent Dizziness		
2.	Hearing Impairment			21.	Obesity			40.	Frequent Fainting		
3.	High Blood Pressure			22.	Arthritis			41.	Diabetes		
4.	Heart Disease			23.	Broken Bones			42.	Hypoglycemia		
5.	Heart Murmur			24.	Neck or Back Problems			43.	Eating Disorders		
6.	Elevated cholesterol			25.	Joint Problems			44.	Thyroid Problems		
7.	Irregular Heartbeat			26.	Muscle Cramps			45.	Endocrine or Gland Problems		
8.	Family history of heart attack			27.	Tuberculosis			46.	Unexplained weight loss		
9.	Circulation Problems			28.	Exposure to TB			47.	Bleeding Disorder		
10.	Chest Pain/Pressure			29.	Recurrent lung infections			48.	Blood disorder or anemia		
11.	Heart Palpitations			30.	Active Hepatitis			49.	Sickle cell disease or trait		
12.	Shortness of Breath			31.	History of Hepatitis B or C			50.	Cancer		
13.	Chronic cough			32.	HIV Positive or AIDS			51.	Skin Problems		
14.	Asthma			33.	Unexplained Sweating			52.	Special Dietary Needs		
15.	Ulcers			34.	Seizure Disorder			53.	Medical Equipment or Devices		

Name of Primary counselor _____

Phone _____ Address _____

Has the participant ever been convicted of a sexual offense or abused another youth: Yes No

To your knowledge, has the participant ever sexually exploited or abused another person: Yes No

If yes to either question, please describe the offense and year of occurrence:

Has the participant ever used alcohol, tobacco or non prescription drugs that you are aware of? Yes No

If yes, please describe: _____

When was the last time he used alcohol, tobacco or illegal drugs? Alcohol _____

Tobacco _____ Illegal Drugs _____

Do you know or suspect that he may have a substance abuse problem? Yes No If yes, please explain:

Signature Required

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect the participant's participation in the Boys To Men Rite of Passage Weekend. I realize that failure to disclose such information could result in serious harm to him and to fellow participants

I agree to notify Boys To Men Mentoring Network should there be any changes in his health status. I authorize Boys To Men Mentoring Network to release this information to medical personnel in an emergency. I also authorize Boys To Men Mentoring Network to contact his physician or therapist to clarify any questions about his health. I understand that Boys To Men Mentoring Network reserves the right to refuse participation to any boy for medical reasons.

Signature of Parent or Guardian: _____

Print Name: _____ Date: _____

Tuition Information

Boys to Men Mentoring Network is a non-profit 501(c)3 corporation. We are not doing this for the money. However, we do need money to put on these weekends and to run the program. We must charge a nominal fee.

No boy will be turned down for lack of money.

PROGRAM COST: \$250 covers the complete Rites Of Passage Adventure Weekend, including room and board, and one year of group mentoring.

SLIDING SCALE: We accept sliding scale payments from \$50 - \$250. We can also arrange for small monthly payments.

DEPOSIT: \$20 (non-refundable) reserves a boy's space. Deposit Paid? (circle one) Y N

If you are unable to pay the full amount now, make a plan to pay what you can by the start of the ROPAW

Our family can pay a total of \$ _____ by the start of the ROPAW.

Our Payment Plan (check one):

- We will mail a check for our total to arrive before the ROPAW
(MAIL CHECK TO: Boys to Men, 551 First St, Prescott, AZ 86301)
- We will pay by check or cash when we drop our participant off.
- We will pay online through Network for Good.
- Other (please describe): _____

Refund/Cancellation Policy

If you cancel your agreement to attend the Rites Of Passage Adventure Weekend before the Friday of the weekend, your tuition will be refunded, less the \$20 non-refundable deposit. If after the Rites of Passage Adventure Weekend you are not satisfied with the experience, your tuition will be refunded.

I agree to the above conditions:

Name of Participant: _____

Participant's Signature: _____

Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Video and Photograph Consent Waiver

1. I understand that Boys to Men North Central Arizona may photograph and videotape the ROPAW and any subsequent activities. I agree and give my permission to applicant being interviewed, recorded and photographed by Boys to Men North Central Arizona or any person they mandate to that effect.
2. I agree that Boys to Men North Central Arizona may or may not use applicant's name, image and likeness in any verbal presentation, conference, interview and written publication. BTM North Central AZ may use likenesses, quotes and video on social networking sites like Facebook or Instagram and/or submit photos and quotes to print media.
3. I grant to Boys to Men North Central Arizona and recognize that Boys to Men North Central Arizona shall have the exclusive rights to the materials indicated above, including copyrights and proprietary rights, and I assign to Boys to Men North Central Arizona any and all rights in relation to the materials. I understand and agree to that Boys to Men North Central Arizona may assign or transfer, in whole or in part, these rights to any party inside the Boys to Men extended organization.

Name of Participant: _____

Signature of Participant: _____ Date: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____