

# 10<sup>th</sup> Annual Rites of Passage Adventure Weekend ~ RPAW10 2012

Thursday August 9 – Sunday August 12

## STAFF Personal Information Sheet

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

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

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

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Fax completed form to 303.889.2811 – Then mail this form and the \$150.00 Staffing Fee to:**  
**Journey to Manhood ~ P.O. Box 270895 ~ Littleton, CO 80127**

Please answer the following questionnaire about how you can contribute to the RPAW and J2M.

I am committing to being on the RPAW

\_\_\_\_\_ Thursday night thru Sunday (everything)  
\_\_\_\_\_ Friday afternoon thru Sunday morning (minimum)  
\_\_\_\_\_ Other: \_\_\_\_\_

I am interested in supporting

\_\_\_\_\_ Event Team (setting up and running events for boys)  
\_\_\_\_\_ Guardian Team (keeping an eye on the boys and mentoring)  
\_\_\_\_\_ Site Team (cooking, cleaning, work behind the scenes)  
\_\_\_\_\_ JourneyMan Staff Team (working with the JMen staffers)  
\_\_\_\_\_ Elder Team (men over 50 yrs who provide guidance and mentoring for all)  
\_\_\_\_\_ Leader Team (running one or more teams)

I have experience in activities that would be cool for a RPAW or a JGroup weekend event (i.e. rock climbing, rafting, skiing, etc.) \_\_\_\_\_

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

Additional Comments: \_\_\_\_\_

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

[illegible]

## CONFIDENTIAL MEDICAL QUESTIONNAIRE

In order to acquaint our staff with your medical needs, we require that you complete this Confidential Medical Record. If you become ill or are 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 photocopy.

### General Information:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

\_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

\_\_\_\_\_ Evening Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

1. Do you have any medical or physical conditions that would affect your participation in the Rites of Passage Adventure Weekend (RPAW)?

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

2. Do you need any medication during the weekend? If so, please ensure that our on-site medical personnel have a list of medications you will have on Thursday.

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3. Do you have any emotional or psychological concerns that need to be addressed?

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4. In case of medical emergency please list specific instructions (in addition to giving first aid):

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5. Are you on a special diet? If so, what foods do you require or need to avoid?

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### Medical History:

Do you have, or have ever had, any of the following conditions or symptoms?

Please specify **Yes** or **No** for each condition.

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
1.Vision Impairment	<input type="radio"/>	<input type="radio"/>	19.Difficulty Urinating	<input type="radio"/>	<input type="radio"/>	38.Learning Disability	<input type="radio"/>	<input type="radio"/>
2.Hearing Impairment	<input type="radio"/>	<input type="radio"/>	20.Kidney Problems	<input type="radio"/>	<input type="radio"/>	39.Frequent Dizziness	<input type="radio"/>	<input type="radio"/>
3.High Blood Pressure	<input type="radio"/>	<input type="radio"/>	21.Obesity	<input type="radio"/>	<input type="radio"/>	40.Frequent Fainting	<input type="radio"/>	<input type="radio"/>
4.Heart Disease	<input type="radio"/>	<input type="radio"/>	22.Arthritis	<input type="radio"/>	<input type="radio"/>	41.Diabetes	<input type="radio"/>	<input type="radio"/>
5.Heart Murmur	<input type="radio"/>	<input type="radio"/>	23.Broken Bones	<input type="radio"/>	<input type="radio"/>	42.Hypoglycemia	<input type="radio"/>	<input type="radio"/>
6.Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	24.Neck or Back Problems	<input type="radio"/>	<input type="radio"/>	43.Eating Disorders	<input type="radio"/>	<input type="radio"/>
7.Irregular Heartbeat	<input type="radio"/>	<input type="radio"/>	25.Joint Problems	<input type="radio"/>	<input type="radio"/>	44.Thyroid Problems	<input type="radio"/>	<input type="radio"/>
8.Family history of heart attack	<input type="radio"/>	<input type="radio"/>	26.Muscle Cramps	<input type="radio"/>	<input type="radio"/>	45.Endocrine or Gland Problems	<input type="radio"/>	<input type="radio"/>
9.Circulation Problems	<input type="radio"/>	<input type="radio"/>	27.Tuberculosis	<input type="radio"/>	<input type="radio"/>	46.Unexplained weight loss	<input type="radio"/>	<input type="radio"/>
10.Chest Pain/Pressure	<input type="radio"/>	<input type="radio"/>	28.Exposure to TB	<input type="radio"/>	<input type="radio"/>	47.Bleeding Disorder	<input type="radio"/>	<input type="radio"/>
11.Heart Palpitations	<input type="radio"/>	<input type="radio"/>	29.Recurrent lung infections	<input type="radio"/>	<input type="radio"/>	48.Blood disorder or anemia	<input type="radio"/>	<input type="radio"/>
12.Shortness of Breath	<input type="radio"/>	<input type="radio"/>	30.Active Hepatitis	<input type="radio"/>	<input type="radio"/>	49.Sickle cell disease or trait	<input type="radio"/>	<input type="radio"/>
13.Chronic cough	<input type="radio"/>	<input type="radio"/>	31.History of Hepatitis B or C	<input type="radio"/>	<input type="radio"/>	50.Cancer	<input type="radio"/>	<input type="radio"/>
14.Asthma	<input type="radio"/>	<input type="radio"/>	32.HIV Positive or AIDS	<input type="radio"/>	<input type="radio"/>	51.Skin Problems	<input type="radio"/>	<input type="radio"/>
15.Ulcers	<input type="radio"/>	<input type="radio"/>	33.Unexplained Sweating	<input type="radio"/>	<input type="radio"/>	52.Special Dietary Needs	<input type="radio"/>	<input type="radio"/>
16.Intestinal Problems	<input type="radio"/>	<input type="radio"/>	34.Seizure Disorder	<input type="radio"/>	<input type="radio"/>	53.Medical Equipment/Devices	<input type="radio"/>	<input type="radio"/>
17.Heartburn	<input type="radio"/>	<input type="radio"/>	35.Seizure within past year	<input type="radio"/>	<input type="radio"/>	54. Special Physical Requirements	<input type="radio"/>	<input type="radio"/>
18.Bladder Infections	<input type="radio"/>	<input type="radio"/>	36.Headaches	<input type="radio"/>	<input type="radio"/>	55.Psychiatric/Emotional Problems	<input type="radio"/>	<input type="radio"/>
			37.Significant Head Injury	<input type="radio"/>	<input type="radio"/>	56.Other	<input type="radio"/>	<input type="radio"/>

If you have answered "yes" to any of the above items, please explain in the **Detailed Responses** section at the bottom of this form.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Have you ever been hospitalized? Yes ☐ No ☐

### Medications:

Are you taking **any** medications (prescription or nonprescription)? Yes ☐ No ☐

If yes, please list below.

Medication	How much/how often	For	Current Side Effects

### Medical Allergies

Do you have any allergies? Yes ☐ No ☐ If yes, please list below.

Medication	Reaction

### Detailed Responses:

If you answered yes to any of the questions on Pages 1 and 2, explain below. Include the following:

- What specific symptoms are occurring
- How often symptoms/conditions occur
- How long symptoms/conditions last
- How you care for symptoms/conditions
- How symptoms/conditions restrict your activity
- Date of last occurrence

Number	Detailed Response



### Psychosocial History:

Have you seen a psychiatrist, psychologist, or other counselor within the past two years? Yes ☐ No ☐

Reason for counseling (circle all appropriate responses):

*Academic   Family Issues   Depression   Substance Abuse   Suicide   Adoption   Other*

Are you currently in counseling/treatment? Yes ☐ No ☐ If yes, please describe briefly:

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Primary counselor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Do you have any history of violence or suicidal thoughts or attempts? Yes ☐ No ☐

If so, please describe: \_\_\_\_\_

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Have you ever used alcohol, tobacco or non-prescription drugs? Yes ☐ No ☐

If yes, please describe and include the last time you used any of these substances:

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Do you have a substance abuse problem? Yes ☐ No ☐

If yes, please explain:

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### Signature Required

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my participation in Rites of Passage Adventure Weekend (RPAW). I realize that failure to disclose such information could result in serious harm to myself and to fellow participants.

I agree to notify J2M staff should there be any changes in my health status. I authorize J2M staff or TPI representatives to release this information to medical personnel in an emergency. I also authorize J2M staff or TPI representatives to contact my physician or therapist to clarify any questions about my health. I understand that TPI reserves the right to refuse participation to anyone in J2M events for medical reasons.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Confidential Family History Sheet

The information collected with this form will be held in confidence and will not be shared beyond the J2M staff and the TPI representatives. Knowing information about your family dynamics and legal history is extremely helpful for assisting the emotional process work of the boys. The boy participants are asked these same questions. Please answer the questions as accurately as possible.

## Early Childhood:

Are you adopted? Yes ☐ No ☐

IF YES, was it an open or closed adoption? (circle one)

Was it an international or domestic adoption? (circle one)

At what age were you adopted? \_\_\_\_\_

Do you have contact with members of your birth family? Yes ☐ No ☐

Who do you have contact with (i.e. birth mother)?  
\_\_\_\_\_

Are you from a donor or IVF (if yes, circle one) Yes ☐ No ☐

IF donor, is it sperm or egg (circle one) and a known or unknown donor? (circle one)

Other details: \_\_\_\_\_

Have you ever been in foster care? Yes ☐ No ☐

IF YES, at what ages were you in foster care? \_\_\_\_\_

Do you have contact with members of your original family? Yes ☐ No ☐

Who do you have contact with (i.e. biological mother)?  
\_\_\_\_\_

## Immediate Family System:

Were you part of single household or multiple households while growing up? (circle one)

Who was in your immediate family? (the people you lived with)

Mother? (biological or adopted mother) Yes ☐ No ☐

Father? (biological or adopted father) Yes ☐ No ☐

Female Guardian? (not biological or adopted mother) Yes ☐ No ☐

Relationship: \_\_\_\_\_

Male Guardian? (not biological or adopted father) Yes ☐ No ☐

Relationship: \_\_\_\_\_

Siblings you lived with as a teen (include adopted, half, step, etc)? Yes ☐ No ☐

How many males? \_\_\_\_\_ years of age older/younger: \_\_\_\_\_

How many females? \_\_\_\_\_ years of age older/younger: \_\_\_\_\_

Siblings you did not live with as teen (include adopted, half, step, etc)? Yes ☐ No ☐

How many males? \_\_\_\_\_ years of age older/younger: \_\_\_\_\_

How many females? \_\_\_\_\_ years of age older/younger: \_\_\_\_\_

Any other people in the household(s)? Yes ☐ No ☐

Who? (i.e. grandmother, renter, etc) \_\_\_\_\_  
\_\_\_\_\_

## School System:

Did you attend a residential or boarding school? Yes ☐ No ☐

IF YES, how often did you return home? \_\_\_\_\_  
\_\_\_\_\_

Did you live on the school grounds or with another family? (circle one)

Did you have residential advisors that take on a quasi-parental role?

Yes ☐ No ☐

Was the school co-gender or male only? (circle one)

## Legal System:

Have you ever been held in a juvenile detention facility? Yes ☐ No ☐

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a ward of the state or in the custody of a public child welfare agency?

Yes ☐ No ☐

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Prior arrests or convictions for most crimes, including drug offenses, DUI, theft, etc., will not exclude you from participating in J2M events. In fact, they are usually helpful in addressing many of the issues that teenage boys face. There are two exceptions: sex offenders and persons with a history of criminal violence. If you have a history of criminal violence, we will seek further details and may refuse your membership with J2M. If you are a sex offender, whether registered or not, you are not allowed to participate in J2M events. If you are turned down for these reasons, we will refund any staff fees you have paid.

Have you ever been arrested? Yes ☐ No ☐

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any convictions? Yes ☐ No ☐

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a sex offender? Yes ☐ No ☐

Please describe: \_\_\_\_\_  
\_\_\_\_\_



# **RPAW STAFF AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS**

Training Dates: **August 9 – 12, 2012 – Thursday through Sunday**

Staffer's Name: \_\_\_\_\_

In consideration of the services of *Threshold Passages, Inc.* (TPI) via the *Journey to Manhood* (J2M) program, 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 "TPI") and the right to engage in this Rites of Passage Adventure Weekend Staffing ("Staffing") as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold TPI 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 ("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, among other things:

### **A. The nature of staffing the training 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, youth, co-workers, and behavior in social, personal or school and business settings.

B. The acts or omissions of TPI 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 TPI 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. STAFFER 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 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.
3. I and my representatives hereby authorize TPI 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 Staffing. TPI 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 TPI may be deemed reasonable and necessary for my immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge TPI and agree to indemnify and hold TPI 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 TPI equipment or facilities, or the provision by TPI 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 TPI harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by TPI 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.
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 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 TPI.
7. Should TPI 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.
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 this Staffing. 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 TPI; 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 TPI. 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 TPI.
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: \_\_\_\_\_

# STAFF Individual Equipment

Please bring the following personal items and prepare for an outdoor adventure.

*Please take the time to ID your stuff with initials or last name.*

## **FOOD ITEMS:**

**ALL FOOD MUST BE STORED IN THE ROUND HOUSE!!! – NO EXCEPTIONS**

Sack dinner for Thursday night - *ID your stuff with initials or last name.*

Please bring a contribution to the Feast on Saturday night – *include preparation instructions if needed.*

Water bottle / canteen - *ID your stuff with initials or last name.*

Special dietary food – **IF you have food allergies, Kitchen Team will need to know this.**

## **LODGING ITEMS:**

Sleeping bag or twin size sheets/blankets

Pillow(s)

Bath linens - (Towels)

Extra sleeping bag - For boys who do not have one – (if you have this contact the Guardian Team Leader)

*We will be staying in cabins with twin size bunk beds. Showers and bathrooms are available.*

## **OUTERWARE:**

Weather appropriate clothing for 3 days and 3 nights – Low 40's at night – up to Low 80's at day

Climbing shoes (Hiking boots or appropriate rugged footwear)

Hiking boots (Hiking boots or appropriate rugged footwear)

Work gloves (i.e. leather gloves – mainly for hand protection and can be used for warmth if needed)

Rain gear

Swim trunks & towels

Extra swim trunks - For boys who do not have one – (if you have this contact the Guardian Team Leader)

Extra towels - For boys who do not have one – (if you have this contact the Guardian Team Leader)

***All Black colored outerwear for Friday night. Clothes you don't mind getting paint on for Sunday.***

## **PERSONAL ITEMS:**

Personal medications

Personal hygiene stuff

Flash light / lantern – Battery operated only

## **MISCELLANEOUS:**

Drum / percussive musical instrument – (e.g. - 5 gal. Paint bucket and sticks)

Ball(s) of any size (used for one of the processes) (if you have this contact the Events Team Leader)

Mask (or one will be made or provided on Thursday night)

IF you are gone Thursday Night of the RPAW, a mask will be provided.

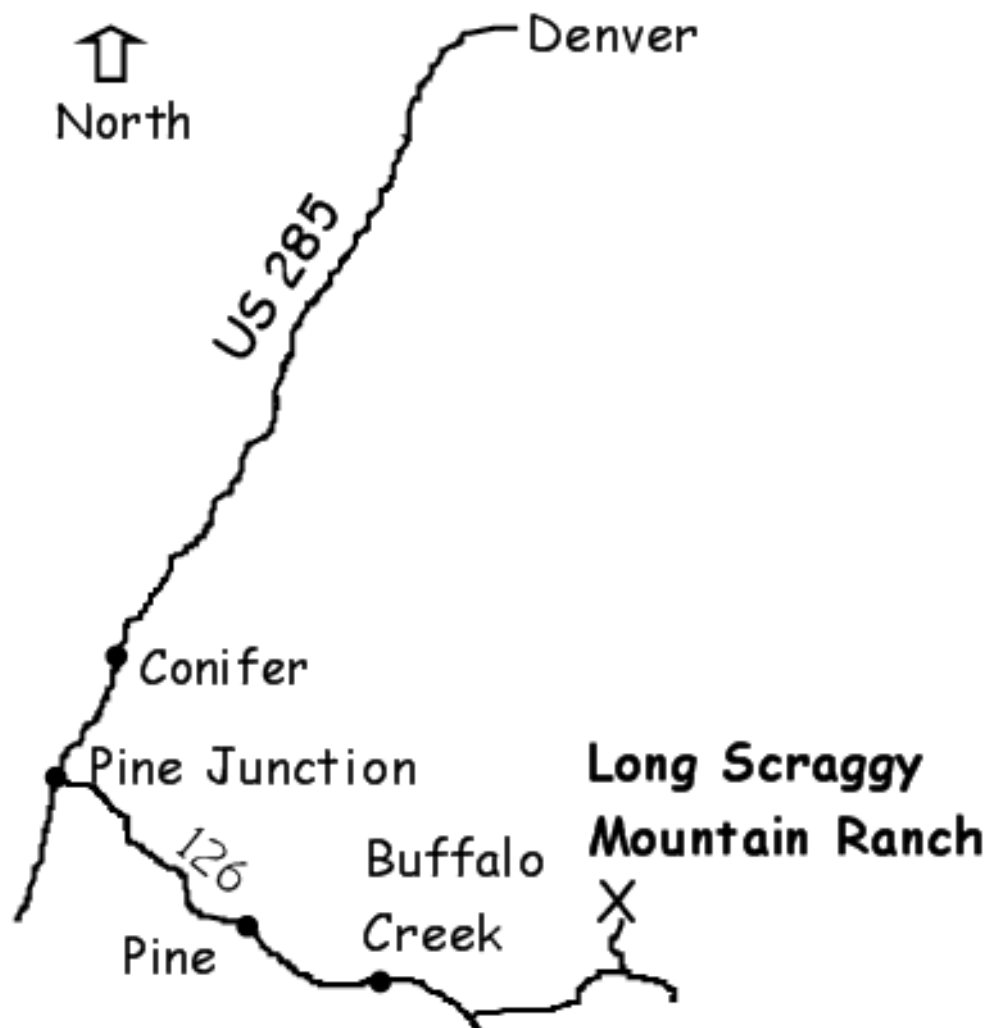
## **RESTRICTIONS:**

NO Knives or Weapons. NO Tobacco for those not of LEGAL Age. NO Marijuana, Alcohol, Drugs, or anything that is or could be considered illegal including Fireworks. NO iPods, Cell Phones, CD players, game devices or items of this ilk on site (For the drive up and back they are ok).

## **DIRECTIONS TO LONG SCRAGGY MOUNTAIN RANCH**

From Denver, drive southwest on US 285 (Hampden).  
Turn left at Pine Junction on County Road 126 (Pine Valley).  
Drive 13 miles, passing Pine and Buffalo Creek.  
After Buffalo Creek, at the top of the long hill, turn left on Spring Creek Trail (look for the Long Scraggy Ranch sign).  
Proceed one mile on the gravel road. Turn left at the Camp sign.

NOTE: this is not the same place as the drop-off for boys. Boys will be dropped at a trail head parking lot 5 miles from the camp on Friday night. Separate directions to the drop off are provided to parents. See Boy Enrollment Packet or call 303-889-2800.





## Commitments

*This form is signed by everyone before attending TPI events, including all the leaders, mentors and youth.*

I commit to respect EVERYONE and do no harm.

I will not intentionally hurt other people or myself through my actions or words.

I commit to tell the truth.

I commit to express my emotions – Sadness, Anger, Fear, Joy – as much as I am able.

I promise to keep personal information that is shared during TPI events confidential, except as required by TPI mandated reporting agreements.

I promise to respect the property of others and will not willfully cause any damage.

I agree to be held financially accountable for any damages I cause.

I will not participate in any illegal activity during TPI events.

I will not bring weapons or illegal substances, including tobacco products (if not of legal age) marijuana and alcohol, to TPI events.

I acknowledge that every TPI leader, member and participant has agreed to honor these commitments.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Media Release Form

Please read the following agreement regarding use of media by *Threshold Passages, Inc.*, (TPI). If you understand and agree to the terms, please sign and return as instructed. Media release is optional and not a requirement for participation in TPI events.

I have been informed and understand that TPI and its designees may produce or cause to be produced various media formats including images and/or sound for documentary, promotional, or other purposes, and that my first name, likeness, image, voice, appearance and performance may be recorded and made a part of that production ("Product").

I grant TPI and its designees the right to use my name, likeness, image, voice, appearance and performance as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audiotapes or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate, and to use or re-use the Product in whole or in part as TPI may elect. TPI or its designee shall have complete ownership of the Product in which I appear, including copyright interest, and I acknowledge that I have no interest or ownership in the Product or its copyright.

I also grant TPI and its designees the right to broadcast, exhibit, market, sell and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theater, closed-circuit exhibition, home video distribution or any other purpose that TPI or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.

I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to other parties, and that TPI has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for the use of my name, likeness, image, voice, appearance and performance embodied in the Product. I expressly release and indemnify TPI and its officers, employees, agents and designees from any and all claims known or unknown arising out of or in any way connected with the above granted uses and representations including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise. The rights granted the presenter herein are perpetual and worldwide.

Please indicate the paragraph below that is applicable to your current situation:

☐ I am 18 years of age or older. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

☐ I am the parent or legal guardian of the below named minor. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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

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

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

I have read the foregoing and understand its terms and stipulations and agree to all of them.

\_\_\_\_\_  
Printed Name Signature Date

\_\_\_\_\_  
Printed Name of Parent/Guardian Relationship to Minor Signature Date

For fastest processing of your form, please **FAX** to the TPI Media Coordinator at: **303-889-2811**

Or mail to:

Threshold Passages, Inc.  
Attn: Media Coordinator  
P.O. Box 270895  
Littleton, CO 80127





## Safety Agreements

*One of these forms is signed by each person, including all mentors and youth before participating in selected TPI events. For youth, a designated mentor reads each paragraph slowly and gets a verbal response before continuing. TPI retains the signed original.*

We need to tell you some important things here about safety for this event, and I want you to listen very closely, okay?

First, anything you share here will be treated as PRIVATE and we will instruct ALL youth and mentors here not to share it outside the group. In other words, we're not going to tell your parents, teachers, friends, or anyone else what you say here. After you leave here, you can share your OWN experience outside the group--if you choose--but do NOT share the experiences that other people have here with ANYONE who was not present. The exception to this rule is when something shared falls under mandated reporting guidelines.

Here's what "Mandated Reporting Guidelines" are: If we hear about or suspect that there's physical abuse, sexual abuse, or other VERY SERIOUS abuse or neglect toward you or other children, we WILL contact the proper authorities. We will also contact the authorities if we suspect there is a risk that a person might kill her/himself or someone else. The authorities could include parents, social services, or the police.

The last thing we need to tell you about safety right now is that EVERY adult that is here has passed a national criminal background check and this is true of ALL our mentors. This background check screens for people who have been prosecuted for child abuse or for being violent or dangerous.

We are very concerned about your safety during this event, and about the safety of all the other youth and the mentors here. The things you tell us WILL be taken seriously, and we want you to have the privacy you need to say anything you want here. But we also want you to know that we are committed to stopping the bloodshed in this world, and we will do what we can to help protect young or vulnerable people if they need it.

By signing below, you are stating that you understand these safety agreements.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Mentor (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date