



Hero's Journey Foundation

Waiver and Release

INFORMED WAIVER AND RELEASE

The ***Hero's Journey Program*** is a voluntary program that involves participation in various physical, emotional and psychological activities and exercises. Some participants may find the program content of the Hero's Journey Program to be physically and/or emotionally challenging, such as a Via Ferrata Climb, cave spelunking, a firewalk and/or a sweat lodge experiences.

As a condition of participation in the program, Michael Mervosh and The Hero's Journey Program Staff, (hereinafter collectively referred to as the "Program Facilitators"), wish to inform you of the potential physical and/or emotional effects the program may produce in some individuals. Also, while some participants may experience these effects during the program, others may manifest at a later point in time.

Your signature below serves as an acknowledgment that you have been informed of the potential risks of the program, and that you are voluntarily assuming such risks. Furthermore, your signature is an acknowledgment that, intending to be legally bound, you hereby release and forever discharge The Hero's Journey Foundation, Michael Mervosh, the Program Facilitators, its employees, contractors, stewards, and support staff from any and all claims, demands, damages, actions, and causes of action of any kind or nature that have arisen or that may hereafter arise as a result of participation in the program. By signing below, you also agree to indemnify and hold harmless HJF, Michael Mervosh, the Program Facilitators, its employees, contractors, stewards, and support staff against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by anyone for the purpose of enforcing a claim for damages because of any injury (including death) to you as a result of, or in an way related to your participation in the above mentioned program.

IN WITNESS WHEREOF, I EXECUTE THIS INFORMED WAIVER AND RELEASE

Date

Participant Signature

Print Name



Hero's Journey Foundation

Media Release

We sometimes share images of who we are and what we do on our website, and social media platforms. We do not identify participants by name when we do.

I, the undersigned, consent and agree that Hero's Journey Foundation, its employees, or agents have the right to take photographs, of me during the program I attend, and to use these in any and all media, now or hereafter known. I do hereby release to Hero's Journey Foundation, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name:

Address:

Phone:

Signature:

Date:



Hero's Journey Foundation

Contact + Medical Information

HERO'S JOURNEY CONTACT AND MEDICAL INFORMATION FORM

Name:

Phone Number (cell and home):

Date of Birth:

Contact Person #1:

In case of emergency, please contact:

Contact Person #2

In case of emergency, please contact:

Allergies to Medications:

Allergies (other, incl. food, plant or insect):

Are you currently experiencing any health issues?

Are you currently taking any medication? If yes, please list:

Name of medication - Reason for medication – Dosage:

Have you been hospitalized in the past year? For what condition(s)?

Have you been vaccinated for COVID-19?