



Hero's Journey Foundation

Intake Information

HERO'S JOURNEY FOR YOUNG HEROS- INTAKE FORM

Name:

Age:

Date of Birth:

Address:

City, State, Zip:

Cell Phone:

Home Phone:

Email address (parent):

Email address (participant):

Dietary preferences (for ex. vegan, vegetarian, dairy-free or gluten-free):

Any physical restrictions? If yes, what?:

Have you had any other previous young women group experiences?

Describe those experiences.

Are you or have you been involved in any support groups in or out of school? If yes, what type?

Length of time in group:

How often do/did you meet?

Are you currently in therapy?

Length of time in therapy:

How often do you meet?

Name of therapist:

Any other support systems?

Are you or have you been addicted to drugs or alcohol?

If yes, length of sobriety:

Are you experiencing any health problems?

If yes, are you currently under a doctor's care?

Have you been hospitalized in the past year?

Reason for hospitalization:

What issues are you facing in your life right now?

If relevant, how have things changed for you in the past 6 months?

Are you experiencing any significant life transitions that would be helpful for us to know?

For example; recent loss of a family member or friend, have you moved, are your parents separating or divorcing, etc?

Anything else you would like us to know?



HERO'S JOURNEY® 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® Foundation to be physically and/or emotionally challenging, such as a Via Ferrata Climb, cave spelunking, a firewalk and/or a sweat lodge experience.

While we highly consider the safety of all participants, as a condition of participation in the program, Michael Mervosh and The Hero's Journey® Foundation 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. These conditions are highly unlikely as we practice the "Adventure Based Counseling model" of Challenge by Choice, leaving each experience in the hands of the participant and their empowerment to choose participation.

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 THIS

Participant Signature

Print Name

Parent/Guardian Signature

Print Name



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HERO'S JOURNEY® MEDICAL: (1) CONTACTS

Parent /Guardian Contact #1:

Name:

Address:

Home phone:

Work phone:

Cell phone:

Email:

Additional Contact Information:

Parent/Guardian #2:

Name:

Address:

Home phone:

Work phone:

Cell phone:

Email:

Additional Contact Information:

Alternate contact in the event Parent(s)/Legal Guardian(s) cannot be reached:

Name:

Address:

Home phone:

Work phone:

Cell phone:

Email:



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HERO'S JOURNEY® MEDICAL: (2) INFORMATION

Participant

Full Legal Name:

Date of Birth:

Age:

Gender:

Doctor's Information

Doctor's Name:

Doctor's Address:

Doctor's Office Phone:

Doctor's Emergency Phone:

Medical Insurer/Health Plan:

Policy #:

(*please attach a copy of your health insurance card, front and back)

Allergies to Medications:

Allergies (Other ex. food, plant or insect):

If applicable, please note any conditions for which you are currently receiving treatment:

Are you currently experiencing any health problems?

Are you a smoker?

If yes, how much do you smoke?

Are you currently under a doctor's care?

For what condition(s)?

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

Are you currently taking any medication?

| <u>Name of medication</u> | <u>Reason for medication</u> | <u>Dosage</u> |
|---------------------------|------------------------------|---------------|
| 1) | | |
| 2) | | |
| 3) | | |

Dentist's Information

Dentist's Name:

Dentist's Address:

Dentist's Office Phone:

Dentist's Emergency Phone:

Dentist's Insurer/Health Plan:

Policy #:



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HERO'S JOURNEY® MEDICAL AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby solemnly swear that I have legal custody of

_____ (the minor, participant)

I authorize Hero's Journey® Foundation to administer general first aid treatment for any minor injuries or illnesses experienced by the participant.

In the event of injury to the participant, if I cannot be contacted or if any urgency dictates, I hereby authorize the Hero's Journey® Foundation or representatives thereof to act *in loco parentis* for the minor, and if needed to summon professional emergency personnel, to attend, transport, admit the minor to a facility for treatment and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, including surgery, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur, and shall have the same access to the minor child's medical records that I have, including the right to disclose the contents to others.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the acting representative of the Hero's Journey® Foundation in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel as may be deemed necessary to the minor's health or welfare. I hereby accept full liability for all costs incurred through such medical treatment for the named minor.

Parent/Guardian: _____ Date: _____

Print Name: _____

Parent/Guardian: _____ Date: _____

Print Name: _____



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HERO'S JOURNEY® YOUNG HERO PERSONAL COMMITMENT

I, _____, understand and voluntarily agree to participate in the Hero's Journey® for Young Adults, undertaken at the *Experience Learning's Spruce Knob Mountain Center* bordering the Monongahela National Forest, in the mountains of West Virginia.

I have discussed this decision to participate with the appropriate adults in my life who support and contribute to my well-being. I have also spoken by email and/or telephone with a representative of the Hero's Journey Foundation, who has addressed any questions or concerns I have about my upcoming Hero's Journey.

I understand that many other people have been helping behind the scenes to prepare the food and the grounds, as well as the Journey elements we will undertake. I understand that there has been a significant financial contribution made by my parents and or other adults so that this Journey Intensive could be made possible for myself and others.

I agree to invest adequate time and attention to the preparation process being asked of me. I will complete the requested documentation in a timely manner, and forward them to HJF by the due date. I will give special attention to the Four Questions asked in the preparation packet, and to my Giveaway gift.

I also agree to do my best to participate fully in all aspects of the Journey Intensive, and to communicate any concerns or struggles I may have with my HJ group facilitator.

Finally, I agree to sign this document in the presence of an adult who is important to me, and with whom I may choose to share my experiences upon my return.

Participant Signature:

Participant Printed Name:

Adult Witness Signature:

Adult Witness Printed Name:

Date _____



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HERO'S JOURNEY® MEDIA RELEASE

I, the undersigned, do hereby consent and agree that Hero's Journey® Foundation, its employees, or agents have the right to take photographs, videotape, or digital recordings of me during the program I attend, and to use these in any and all media, now or hereafter known. I further consent that my first name may be revealed therein or by descriptive text or commentary.

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.

Participant Name (print):

Address:

Phone:

Participant Signature:

Parent Signature – Witness for the undersigned:

Parent Name (print):

Date:



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HERO'S JOURNEY® -- 4 Questions

“Go deep inside yourself. Find that treasure that is known by your name.”

-Virginia Satir

In order to prepare for your journey and threshold crossing, we ask you now to reflect on four questions. Spend some time thinking about them, listen to your heart, and then write your reflections. This is to be sent by email to us prior to the Journey, to help us connect with you. Use these questions as arrows that point the way to some of the more hidden truths that lie within the depths of your heart. Also, you may want to write about these in the Journal we are asking you to keep and bring to the Journey. Bring your fullness to these questions by giving them your attention and care:

1) What Calls Me To This Journey Now?

What important things are happening in your life right now? What sort of challenges are you facing? What helped you say “yes” to this opportunity?

2) What Do I Journey For?

What kind of experience are you looking for? What part of yourself do you want to know more fully? What do you want most from your life?

3) How Might I Sabotage My Journey?

What kind of thoughts or beliefs stop (or sabotage) you from being yourself? If you imagine yourself taking part in the Young Women's Journey®, what may be some ways that you would 'resist' your journey or 'stop' new experiences?

4) How Am I Already The Hero Of My Own Life?

Name some of your qualities that you feel good about. What are some personal strengths? What do others admire in you? Where do you see yourself in positive connection with community?

*Please also include a **Photo of Yourself**.



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HERO'S JOURNEY® -- ATTACHMENTS

Please Attach the Following:

- 1) Nelson Rocks Waiver (Via Ferratta) – Filled in and Signed
- 2) Copy of Medical Insurance Card – Front and Back
- 3) Answers to your “4 Questions”
- 4) Photo of Yourself

The information about Nelson Rocks is a separate attachment; the waiver is on page 4. We must receive the Nelson Rocks Waiver, your Intake form, a copy of your Insurance card, your 4 Questions answered, and a Photo of yourself for you to be able to participate with us on your summer journey.