



# Hero's Journey Foundation

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## *Waiver and Release*

### **INFORMED WAIVER AND RELEASE**

The Hero's Journey® Program, organized by The Hero's Journey® Foundation, is facilitated by its contracted staff and facilitators. This program involves participation in various physical, emotional, and psychological activities. Some participants may find the program content to be physically and/or emotionally challenging.

Participation in The Hero's Journey® Program requires that you acknowledge being informed by The Hero's Journey® Foundation and its contracted facilitators of the potential physical and/or emotional effects that may result from the program. These effects may occur during the program or manifest at a later time.

Your signature below serves as an acknowledgment that you have been informed of the potential risks of the program and that you voluntarily assume these risks. Furthermore, by signing this waiver, you agree to release and forever discharge The Hero's Journey® Foundation, its directors, officers, employees, contractors, facilitators, and agents (hereinafter referred to as "Released Parties") from any and all claims, demands, damages, actions, and causes of action of any kind or nature that have arisen or may arise in the future as a result of participation in the program.

In addition, you agree to indemnify and hold harmless the Released Parties against any loss from any claims, demands, or actions brought by you or on your behalf due to any injury (including death) as a result of, or in any way related to, your participation in the aforementioned program.

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IN WITNESS WHEREOF, I EXECUTE THIS INFORMED WAIVER AND RELEASE

\_\_\_\_\_ Date

\_\_\_\_\_ Participant -Signature

\_\_\_\_\_ Participant -Print Name



# Hero's Journey<sup>®</sup> Foundation

*Emergency Contact + Medical Information*

## **Purpose & Confidentiality Statement:**

*This medical form is designed to collect essential health and emergency information to ensure your safety during the program. The information provided will be kept confidential and only shared with authorized personnel in case of an emergency.*

## **Participant Information**

**Name:**

**Cell Phone Number:**

**Date of Birth:**

## **Emergency Contacts**

### **Contact Person #1:**

Name:

Relationship to you:

Cell Phone Number:

### **Contact Person #2:**

Name:

Relationship to you:

Cell Phone Number:

## **Medical Information**

**Are you presently under a doctor's care?**

If yes, provide name, phone number, and reason for care:

**Do you have any allergies to medications, food, plants, or insects?**

If yes, please list:

**Have you had a severe allergic reaction to anything in the past?**

If so, what was the reaction and its cause?

## **Medications**

**Are you currently taking any prescription medication?**

If yes, please list:

Name, dosage, and reason for medication:

## **Medical History**

**Have you had any major surgeries in the past year?**

If yes, please provide details:

### **Mental Health History:**

Have you had any prior psychiatric hospitalizations? If yes, please provide details, including the year and reason:

Are you currently on any psychiatric medication? If yes, please list the name, dosage, and purpose:

## **Acknowledgment**

*I confirm that the information provided above is accurate and complete to the best of my knowledge.*

**Signature:**

**Date:**



# Hero's Journey Foundation

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## *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 to and authorize the Hero's Journey® Foundation, its employees, or authorized agents to take photographs of me during the program I attend. I grant them permission to use these photographs across all forms of media, both now and in the future.

I acknowledge and agree that the Hero's Journey® Foundation, its employees, and agents hold full rights to display these photographs in print or electronic formats for public or private use. I waive any claims for compensation related to the use of these images.

I confirm that I am at least 18 years old, have read and fully understand this statement, and am competent to enter into this agreement.

Name:

Address:

Phone:

Signature:

Date: