

Rites of Passage Adventure Weekend ~ Fall 2010
Thursday September 30 - Sunday October 3rd, Location TBA
STAFF Personal Information Sheet

Name _____
Street Address _____
Primary Phone _____
Alt Phone _____
Email _____

Please answer the following questions about your commitment to the ROPA and future program:

1. I am committing to being on the ROPA:

_____ Thursday 5:00 PM the latest thru Sunday (everything) or
_____ Friday 12:00 PM the latest thru Sunday (minimum)

2. After the ROPA I want to participate in the following way:

_____ Be a mentor for at least 1 year; attending JGroups regularly including transportation of a JMan
_____ Be a regular visitor to JGroups
_____ TBA
_____ Not at all

3. I am planning to attend:

_____ ROPA- ALL HANDS MEETING – Sunday, September 12th, 1:00 p.m. (Santa Fe)
_____ Homecoming Event, October 5th, 7 p.m. – 9 p.m., location TBA
_____ First JGroup Meeting (TBA)

4. I am aware that my acceptance to staff is subject to a negative background check **no older than 24 months** at the time of the ROPA through SearchLink LLC. If you do not have a current background check, request and fill out the attached form and submit with this application.

_____ Background Check is Current – I am attaching staffing fee of \$150
_____ Need Background Check – I am attaching staffing fee and background processing fee for a total of \$180

Make checks out to “Boys to Men” and deliver with this form to 614 Franklin Ave, Santa Fe, NM 87505. Please call to pay by Visa, MasterCard or American Express. Alternately, register online at www.btmnm.org and pay through PayPal.

ROPA STAFFER AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Training Dates: September 30 - October 3, 2010

Staffer's Name: _____

In consideration of the services of Boys To Men New Mexico, 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 "BTMNM") 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 BTMNM 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:

1. The nature of staffing the training itself which involves:
 - a) 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);
 - b) 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
 - c) 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.
2. The acts or omissions of BTMNM 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.
3. Latent or apparent defects or conditions in the equipment or property supplied by BTMNM or other persons or entities as well as the use or operation of such equipment.
4. 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 BTMNM 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. BTMNM 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 of BTMNM may be deemed reasonable and necessary for my immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge BTMNM and agree to indemnify and hold BTMNM 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 BTMNM equipment or facilities, or the provision by BTMNM 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 BTMNM harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by BTMNM 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 BTMNM.
7. Should BTMNM 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 BTMNM; 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 BTMNM. 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 BTMNM.

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: _____

Date: _____