

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 THIS

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

Date

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

Participant Signature

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

Print Name