

THE BLOKEHOOD PROJECT

3 DAY - ALL INCLUSIVE

# LEADERSHIP CAMP

A RITE OF PASSAGE FOR  
**YOUNG MEN AGED 14-17** DESIGNED TO  
CHALLENGE, INSPIRE, & TRANSFORM

ADVENTURES | MENTAL & PHYSICAL CHALLENGES | COUNCIL DISCUSSIONS  
CAMPFIRES | TEAMWORK | REFLECTION | GOAL SETTING

## Participant Registration

### PARTICIPANT DETAILS

First Name

Last Name

Participant Age

Please specify any allergies below

*If participant does not have any specific allergies, please write "NA"*

Please specify any medical conditions below

*Describe any medical conditions / medications required. If participant does not have any medical conditions, please write "NA"*

**Please specify if participant requires any additional supports below**

*If participant does not require any additional supports, please write "NA"*

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## **EMERGENCY CONTACT DETAILS**

**Parent/Guardian First Name**

**Parent/Guardian Last Name**

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**Phone Number**

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**Email Address**

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## **CAMPING REQUIREMENTS**

**Do you require any camping gear/equipment?** *Tick one below.*

- Bringing own
- Need Camping Equipment
- I'd like to discuss further

## **HOW DID YOU HEAR ABOUT US?**

*Tick one below.*

- Facebook
- Instagram
- Referral / Friend
- Other (please specify)



# Waiver

## ACCEPTANCE OF WAIVER AND LIABILITY

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Acknowledgment of Terms I, the undersigned, acknowledge that I have thoroughly read, understood, and agree to the following terms and conditions of participation in activities offered by the Transformative Growth Institute, specifically The Blokehood Project.

### **1. Booking Amendments and Cancellation Policy**

I understand that any amendments to my booking, including cancellations or transfers, must be communicated in writing via email to [brenten@transformativegrowthinstitute.org](mailto:brenten@transformativegrowthinstitute.org). All changes are subject to a \$50 administrative fee. If such a request is made within two weeks of the commencement of the camp, the Institute will attempt to fill the vacated space with a participant from the waitlist.

- a) If the space is filled by another participant, I will be entitled to either a refund or a credit for future camp participation, less the \$50 administrative fee.
- b) If the space is not filled, and the request was received more than two weeks prior to the start date, a refund or credit will be issued for 50% of the camp fee.
- c) If the space is not filled, and the cancellation request was made less than two weeks before the camp, no refund or credit will be provided unless due to extenuating circumstances as determined by the Institute. No refunds or credits are granted for no-shows. Transfers to future camps will be subject to availability and at the discretion of the Transformative Growth Institute.

### **2. Media Release and Opt-Out Option**

I consent to the potential capture of photographs, video, and audio recordings during the camp for promotional and educational purposes by the Transformative Growth Institute. If I wish to opt out of such media, I may do so by notifying the staff in person during the camp or by emailing [brenten@transformativegrowthinstitute.org](mailto:brenten@transformativegrowthinstitute.org) prior to the start of the event.

### **3. Assumption of Risk and Responsibility**

I voluntarily choose to participate in activities provided by The Blokehood Project and agree to adhere to the instructions and guidelines set forth by camp facilitators. I fully assume all risks associated with my participation, including but not limited to physical activities such as running, physical workouts, ice baths, jumping, playing sports and other exercises that may be conducted in a natural bush environment. I understand and accept that my participation carries inherent risks, and I take full responsibility for my actions and well-being during the camp.

### **4. Health, Safety, and Well-being**

By signing this waiver, I confirm that I am physically and psychologically fit to participate in the activities offered and that I will not put myself, other participants, or facilitators at risk. The Transformative Growth Institute has implemented health and safety protocols, including COVID-19 safety measures in accordance with government recommendations. I agree to follow these guidelines to maintain the safety of all attendees. In the case of any injuries, illnesses, or emergencies, first aid-trained staff will be available on-site, and if necessary, evacuation procedures will be initiated to transport affected individuals to the nearest medical facility. I understand that all medical costs, including ambulance fees, will be my responsibility.

### **5. Consent and Risk Acknowledgment for Participants and Guardians**

I acknowledge that The Blokehood Project involves outdoor and group-based activities that may present an element of physical and emotional risk. Such activities aim to foster personal growth and transformation and may include facilitated discussions, team-building exercises, and reflective practices. I recognize that these activities are conducted in a natural environment where safety measures will be upheld, yet some hazards or incidents may be unforeseeable or beyond the control of staff. As a parent or guardian of a minor participant, I accept these risks on behalf

of my child. I confirm that I have discussed these risks with my child and that they understand their responsibility to adhere to safety protocols and guidelines.

### **6. Sensitive Conversations and Group Dynamics**

I understand that The Blokehood Project is designed to explore topics related to personal growth, mental health, masculinity, and life challenges. These conversations may be deeply personal and may bring up sensitive emotions or topics among participants. While facilitators are trained to handle such discussions in a safe, respectful, and supportive manner, I recognize that some topics may be uncomfortable or emotionally challenging.

By signing this waiver, I agree to engage with these conversations openly and respectfully, understanding that each participant's experience is unique and that the camp aims to provide a supportive environment for exploration and personal development. I acknowledge that facilitators will provide appropriate support and encourage participants to seek further assistance if any issues or emotions become overwhelming.

### **7. Confidentiality and Privacy**

To protect the privacy of all attendees, I agree to maintain confidentiality regarding the identities, stories, and experiences shared by participants throughout the camp. I commit not to disclose any personal information or details of discussions that take place within the group setting, ensuring that all participants feel safe and secure in their expression.

### **8. Liability Release**

I fully and irrevocably release, waive, and discharge the Transformative Growth Institute, its employees, volunteers, and representatives from any and all liabilities, claims, actions, damages, or losses that may arise out of or in connection with my participation in the camp. I acknowledge that this waiver is binding on me, my heirs, executors, and administrators.

### **9. Reservation of Rights**

I understand that the Transformative Growth Institute reserves the right to modify or cancel camp sessions due to unforeseen circumstances, including but not limited to inclement weather, natural disasters, or situations that may compromise the safety of participants. Should any such changes occur, the Institute will make reasonable efforts to inform participants promptly.

## **ACCEPTANCE OF WAIVER**

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By signing below, I confirm that I have carefully read, understood, and voluntarily agree to all terms stated in this waiver. I fully accept the risks involved and consent to participate under the conditions outlined above.

This waiver ensures clarity on the responsibilities of the participant and guardian, provides consent to the nature of the activities and discussions involved, and releases the Transformative Growth Institute from liability. Ensure this waiver is reviewed and approved by a legal professional to confirm it meets all legal requirements for your specific context.

I have read and accept the Waiver.

**Print Name**

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**Signature**

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**Date**

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**Please return completed form to Brenten Wellington at  
[admin@transformativegrowthinstitute.org](mailto:admin@transformativegrowthinstitute.org)**