

Complete and send the following pages to the Registrar. You will be asked to sign them when you arrive at the training.

# **Registration Agreement & Consent Form**

Name:	Age:		
Address:			
Telephone Numbers: Primary	Secondary		
Registration Agreements:			
8			
Friday, May 24, 2013 and be in attendance Adventure (hereafter "training") is over. I a value I would gain, both from the training at	<b>Tarbour Camp, Buffalo Lake, Alberta</b> between 5:30 p.m. and 6:00 p.m. on until 3:00 p.m. Sunday, <b>May 26, 2013</b> , or until the New Warrior Training am aware that my failure to keep this agreement would greatly minimize the nd from the period before the training, and therefore will co-operate with the h could prevent me from complying with this agreement.		
2. I agree not take any non-prescription drugs staff of ALL drugs I have taken within 24 ho	or alcohol within 24 hours prior to the training, and will advise the training ours of the training.		
<b>Informed Consent Agreements:</b>			
I, training is educational. I understand this tra	_ , hereby voluntarily consent to participate in the training. I understand this ining is not psychotherapy or a substitute for psychotherapy.		
2. I represent, covenant and promise that I am attending this training solely for my own benefit and not as an observer researcher, journalist, investigator or in any other capacity than as a participant. I am not attending this training with any intention to report about or investigate the training or any of its processes or the other participants (Initial)			
	Adventure is the intellectual property of The ManKind Project and that The e names, service marks and copyrights related to the New Warrior Training (Initial)		
identities of other participants, or the exper	te or speak about the training or reveal any of its processes, the names or riences of other participants. The sole exception is that I may describe my ned for me, without specifically describing any process(Initial)		
NAME OF PARTICIPANT			
SIGNATURE OF PARTICIPANT			
DATE			

**Tuition:** 

# **New Warrior Training Adventure Tuition/Cancellation/Refund Policy**

	The remaining tuition of \$ (to arrive at this figure subtract from the full cost of the training and deposit you have already made) is payable to <b>The Mankind Project of Canada Inc</b> .
	Select one of the following:
	I am paying the full amount remaining by PayPal: <a href="http://mkpcommunity.ca/page/pay-for-nwta">http://mkpcommunity.ca/page/pay-for-nwta</a> , or
	I am sending a cheque for the full amount remaining, or
	I will pay the full remaining balance in cash or by cheque when I arrive at the training, or
	I have already paid the full tuition amount
	Cheques can be mailed to: MKP Alberta c/o Peter Moore 109 Gainsboro Place Sherwood Park, Alberta T8A 2J4
If you require a payment plan with the Mankind Project of Alberta, contact <b>Peter Moore at 587-988-2</b> peter46@telus.net.	
	<ol> <li>Cancellation/Refund Policy</li> <li>If you cancel your agreement before the NWTA date, your tuition will be refunded, less the \$250 non refundable deposit.</li> </ol>
	You have met with an official of The ManKind Project Alberta for a discussion.  I agree to the above terms and conditions.  Name
	Name
	C

## The ManKind Project New Warrior Training Adventure

#### PARTICIPANT PROMISE OF CONFIDENTIALITY

While participating in the Program and the Activities, I will learn details of customs, protocols, traditions, exercises, rituals, processes and other information, in both oral and written form, which are proprietary and owned exclusively by MKP (the "Proprietary Information"). In addition, I may learn during the course of the Program information about other participants which is confidential (the "Confidential Information"). As an express condition of my participation in the Program, I agree that I will not reproduce, duplicate, copy, or otherwise disclose, in any form or manner, written or oral, any Proprietary Information without the express written permission of MKP. I further agree that I will not disclose in any form or manner, written or oral, any Confidential Information which I learn as a result of my participation in the Program and Activities. I may, however, share my personal experience of the Program and the Activities as long as the confidentiality of both the Proprietary Information and the Confidential Information is maintained.

### **MKP Promise of Confidentiality**

MKP agrees to maintain the confidentiality of Confidential Information as stated above. However, if a participant in any MKP program reveals recent or continuing acts that place himself or another person in danger of significant physical, emotional or psychological harm, or is considering engaging in such acts in the foreseeable future, MKP may be mandated by law to report such information to an appropriate agency or organization. Even in the absence of a state mandate, MKP may act to protect the participant or any other person from foreseeable harm, while providing the participant a path of healing and support.

Participant's Signature	Date	
Participant's Name		