



A Reconnection to Mother Nature and Inner Nature
through native awareness, spirituality and creativity

A Quest for Your Life's Vision and Purpose

BECAUSE THE INNER PATH WORKS

A Service of SouLore, Inc

Attach Recent Photo

Inner PathWorks Application

Date: _____
Referred by: _____
Address/Phone: _____
Email address _____

Please complete all of the following questions with complete and accurate information.

Applicant's Legal Name: _____
Name applicant wants to be called: _____
Address: _____
City, State or Province, Country, Zip: _____
Phone/Email: (Home) _____ (Work) _____
(Fax) _____ (Other) _____ (email) _____

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Financial Sponsor: _____
Address: _____
City, State or Province, Country, Zip: _____
Phone/Email: (Home) _____ (Work) _____
(Fax) _____ (Other) _____ (email) _____

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Emergency Contact, if parents cannot be reached: _____
Address: _____
City, State or Province, Country, Zip: _____
Phone/Email: (Home) _____ (Work) _____
(Fax) _____ (Cell phone) _____ (email) _____

Insurance Information:

APPLICANT'S PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Current Age: _____ Birth Place: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Social Security Number: _____ Drivers License Number: _____

PARENT INFORMATION

Father: _____
Mother: _____
Step Father: _____
Step Mother: _____

Please include the following information for the persons identified above:

Home Address

Home Phone

Business Phone

Cell or Voicemail

Email

Occupation/Title

□□□□□□□□

FORMAL & ALTERNATIVE EDUCATION INFORMATION

What is the highest grade completed in school? (degrees, certificates, endorsements)

Please indicate all schools, programs, workshops & seminars applicant has completed since high school.

Has the applicant had academic or intellectual testing in the last three years? What was the results of the testing?

List any additional testing or inventories regarding interest, personality, skills or motivational indicators.



EMOTIONAL HISTORY AND CONCERNS

Has the applicant had major traumatic events? (abuse, rape, terror, etc.):

Please provide information if the answer is yes

Has the applicant ever been hospitalized for psychiatric/psychological reasons and /or been diagnosed with a mental disorder (i.e. depression, OCD, ODD, PTSD)? _____

Diagnosis: _____

Describe circumstances, dates, etc.: _____

Physician's Name: _____ Phone: _____

Hospital: _____ Phone: _____

If the applicant has a history with any of the following please provide significant information:

- Suicide attempts or ideations
- Self-harm, bizarre, or unusual behavior
- Convictions of misdemeanor or felonies
- Violent/Aggressive Behavior
- Eating disorders
- Addictions
- Substance Abuse

If applicable, list inpatient and outpatient treatment programs attended

(Please arrange to have appropriate psychological records sent for evaluation.)

PARTICIPATION RELEASE

I am fully aware that **SouLore, Inc, Inner PathWorks, and Wings of Eagles** participants engage in a large variety of physical, emotional, mental and spiritual activities. They range but are not limited to wilderness training, farming, indoor and outdoor athletics, vocational training, world travel, psychological and emotional training, and much more.

I am further aware that there are substantial risks inherent in these activities. I hereby release **SouLore, Inc., Inner PathWorks, and Wings of Eagles**, its officers, employees, representatives and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any and all activities and operations.

I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

(Participants Signature) (Date)

Print: _____

(Student's Name)

PARENT PARTICIPATION RELEASE

As the parent of the participant I understand that I will also be in training while my adult child is in the program. This training will include three workshops with the option to participate in a Vision Quest. I recognize that my training will include activities that include outdoor activities, camping, and emotional, mental and spiritual challenges.

I am further aware that there are substantial risks inherent in these activities. I hereby release **SouLore**, its officers, employees, representatives and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any and all activities and operations.

I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

(Parents Individual Signatures and Date)

Print Names: _____

MEDIA RELEASE

I, (participant)_____, hereby grant permission to **SouLore, Inc, Inner PathWorks, and Wings of Eagles** to use photographs, audio, video, or other artistic representations of me for the purpose of advertising, publicity, brochures or educational purposes.

I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

(Participants Signature and Date)

Print Names: _____

(Student's Name)

I, (parents)_____, hereby grant permission to **SouLore** to use photographs, audio, video, or other artistic representations of me for the purpose of advertising, publicity, brochures or educational purposes.

I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

(Parents Individual Signatures and Date)

Print Names: _____

ENROLLMENT CONTRACT

Participants name: _____ address/phone: _____

Financial Sponsor: _____ address: _____
phone/fax: (work) _____ (home) _____ (cell) _____ (email) _____

SCHEDULE OF FEES

Admission Interview Fee: \$165 per day (4 days average)

Weekly Tuition \$ 1200.00

Monthly Tuition \$ 5,000.00

Parent Workshop \$ 650.00 each (for parents of young adults doing the five month commitment)

AGREEMENT

1. Financial Sponsor agrees to the fees as set above.
The monthly tuition of \$5,000.00 shall be paid in advance each month the Participant is enrolled.
Or the weekly tuition of \$1200.00 shall be paid in advance of each week the Participant is enrolled
2. Financial Sponsor understands that the monthly tuition is non-refundable, and will not be pro-rated or refunded if the Participant voluntarily terminates the apprenticeship or is expelled. SouLore may, in its sole discretion, refund a portion of the tuition.
3. Financial Sponsor agrees to pay all expenses not included in the tuition. The tuition includes food and shelter, training offered by SouLore, Inc staff, and regular program transportation. All expenses not included will be billed to Financial Sponsor, and Financial Sponsor agrees to pay such expenses upon receipt of the bill.
4. Financial sponsor agrees to pay a late charge in the amount of one and one-half percent (1 1/2%) per month on all billings not paid in accordance with this Agreement. If it is necessary to refer this Agreement to an attorney for collection, SouLore shall be entitled to its costs and reasonable attorney fees. Not paying tuition on time can result in termination of the student.
5. Apprentice must provide his or her own health insurance and automobile insurance, if apprentice will be using his or her own vehicle for transportation. Financial Sponsor agrees to pay all uninsured health expenses for apprentice. Apprentice must provide proof of insurance required by this paragraph.

FINANCIAL SPONSOR _____ Date: _____
(signed)

MEDICAL HISTORY

Please fill out all the following questions. If a question does not apply to you, insert "NA" in the blank. If there is not enough room to include all the information, please write it on an additional sheet and attach it to this form.

Applicant's name: _____

Person completing this form and their relationship to the applicant: _____

1. Your Physician Name: _____ Address: _____

Contact information: _____

2. Do you have any current health problems? yes no If yes, please explain: _____

3. List all allergies and detailed description of reaction:

4. List all medications you currently are taking, including all prescription and "over the counter" substances:

5. Do you use tobacco?

6. List all hospitalizations for medical reasons: (when & why)

7. Are you up to date with immunization (tetanus & TB)

8. Are there any other conditions that would limit you from engaging in recreational or physical activities?
 no yes If yes, please explain: _____

—
Also attach a doctors written statement specifying the condition and limitations you might have.

Inner PathWorks

WHAT TO BRING

Items can be purchased locally.

A Digital Camera, preferably with a zoom lens.

General Supplies:

- Set of single sheets & pillowcases
- Comforter or bed spread
- Pillow
- 2 bath and 2 hand towels
- Mattress pad
- Wash cloths

Clothing:

There are some specific clothing needs for each student to be prepared for work and outdoor expeditions.

Footwear:

- *Hiking/Work Boots: All leather with lug soles preferred
- Cross-trainer or Running shoes:
- 4 pairs of warm wool or polypro socks
- 6 pairs of athletic socks
- 1 pair of dressy shoes and socks

Tops:

- *1 wool, pile or fleece jacket, pullover or sweater combination
- A turtleneck, long sleeve, polypro shirt
- 2 long sleeve work shirts (buffalo plaid, flannel, etc.)
- A dress-up outfit (shirt, tie, jacket)
- 4 cotton T-shirts
- A long sleeve cotton T-shirt
- *1 expedition weight and 1 medium weight pair of long underwear tops; not cotton (winter only)

Bottoms:

- *1 pairs of wool, fleece or pile pants (winter only)
- 1 pair of waterproof, lined overpants for skiing/boarding (winter only)
- *1 expedition weight and 1 medium weight pair of long underwear bottoms (winter only)
- 2 pairs of jeans
- A belt
- 6 pairs of underwear bottoms
- 2 pairs of shorts
- Swimwear

Miscellaneous Clothing:

- Work clothes
- Rain Clothes
- Leather gloves
- A hat with a brim
- A cotton bandannas (large size)
- UV protection sunglasses
- 2 pairs of wool or polypro glove

Gear:

Our training includes a lot of outdoor activities; this includes backpacking expeditions, snow skiing, ranch work and more. It is important to have safe and reliable equipment. If you are unsure about an item, either call and ask or let us direct the shopping for it here for these items.

- Headlamp
- 1 Lexan spoon
- Plastic whistle w/lanyard
- 1 wide mouth water bottle

- A zero rated sleeping bag with compression stuff sack
- Ground pad
- Backpack
- Snowshoes or Cross-country skis
- Mountain bike (optional)

Miscellaneous: If you have items that you want to bring (i.e.: musical instruments, sports equipment, art supplies, etc.) please clear it with us ahead of time. Most items will be welcomed.

Items not to bring:

Posters, art, clothing, or other items that degrade or discriminate others.

Large stereo systems or televisions, without prior approval from us.

“Music” that promotes substance abuse, violence or prejudice

Weapons of any kind, without prior approval from us.

Pets of any kind, without prior approval from us.

“Drugs, other than individuals current prescribed medication”

Smoking tobacco is discouraged but permitted in restricted areas

Identification: Please bring the following items of identification.

- Certified copy of your birth certificate
- Passport (for possible trips to Canada or Mexico)
- Any other picture ID's available
- Current driver's license or state identification card

Please have all of your personal items clearly labeled with your name. SouLore cannot assume responsibility for lost or stolen items. Students are responsible for taking their possessions with them at the completion of the program or should they terminate or be terminated.