



**secondnature**  
*entrada for adults*

**PARTICIPANT NAME:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**PLEASE FAX THE COMPLETED APPLICATION TO YOUR ADMISSIONS  
REPRESENTATIVE:  
(DO NOT MAIL)**

**LEAH HALVERSON**  
FAX: 801.906.6631  
Phone: 801.453.0042

**SHAHARA DAVIS**  
FAX: 801.401.7146  
Phone: 801.274.2192

**STEVE KIRK**  
FAX: 801-406-8008  
Phone: 801.785.7933

**LORI ARMBRUSTER**  
FAX: 208.439.5082  
Phone: 208.771.0830

**TERE SNODGRASS**  
FAX: 770.454.0130  
Phone: 770.947.5444

**OFFICE USE ONLY:**

Referral Source: \_\_\_\_\_ Phone: \_\_\_\_\_

Group #: \_\_\_\_\_ Therapist: \_\_\_\_\_ Clinical Approval: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Discharge Date \_\_\_\_\_ Length of Stay: 35 42 49 56

Arrival Information: \_\_\_\_\_

Escorted by: \_\_\_\_\_ Approval Conditional? Yes No S \_\_\_\_\_

## **Additional Information/Items Requested**

1. Insurance Card (enlarged photocopy, front and back)\*
2. Prescription/Pharmacy Card (enlarged photocopy, front and back)\*
3. Copies of any recent (last 30 days) medical information, i.e.: x-rays, lab reports, STD, GYN. concerns, etc.
4. Written release and waiver of Tetanus Immunization if a) Participant has not received a Tetanus Immunization in the last ten (10) years and/or b) Participant does not want to receive a Tetanus Immunization (immunization must be within last 10 years. If not, participant will be immunized without release and waiver).
5. Prescription Eyewear (No Contacts allowed in wilderness)
6. Dental Retainer
7. Current Medications (in original pharmacy containers and pharmacy-printed prescription)

\* This information is requested to assist with medical insurance claims. Second Nature does not bill insurance carriers. However, Second Nature will assist with preparation of insurance reimbursement claims after your account has been paid in full. Participant and/ or Financial Guarantor shall be ultimately liable for all medical costs, including the initial intake physical, regardless of any asserted non-liability by insurers.

**In the signature pages to follow,**

**Please ensure that the participant signs all areas where requested**

**And the parent or legal guardian/financial guarantor signs all areas requested.**

## TREATMENT HISTORY AND RELEASE OF INFORMATION

The following professionals and/or institutions who have counseled, treated, or educated \_\_\_\_\_ (participant) are hereby authorized to release all information regarding the medical/treatment history, diagnosis, disability, and/or school records to Second Nature, staff and/or consultants who will be involved in participant's program.

**EDUCATIONAL CONSULTANT** or **REFERRAL SOURCE:** \_\_\_\_\_

Dates of Consultation/Treatment: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name of Therapist, Institution, or Clinic:** \_\_\_\_\_

Dates of Treatment: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name of Therapist, Institution, or Clinic:** \_\_\_\_\_

Dates of Treatment: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO TEST

I hereby give permission for Second Nature Entrada, LLC, directly as well as through third party professionals, to administer and receive reports/results from tests, which are pertinent and appropriate. I/we authorize any professionals who have administered tests to the participant to release information, results and reports to Second Nature Entrada, LLC. These may include psychological, academic or medical (see Consent for Examination and Treatment).

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE INFORMATION**

Please attach an **ENLARGED** photocopy, front & back, of the following:

1. **INSURANCE CARD,**
2. **PRESCRIPTION/PHARMACY CARD (if applicable)**  
**(this allows Second Nature to refill the participant's prescription as needed)**

**PLEASE NOTE:** This information is requested to assist with medical insurance claims. Second Nature does not bill insurance carriers. However, Second Nature will assist with preparation of insurance reimbursement claims after your account has been paid in full. Participant, Legal Guardian and/or Financial Guarantor shall be ultimately liable for all medical costs, including the initial intake physical, regardless of any asserted non-liability by insurers.

Name as it appears on Insurance card: \_\_\_\_\_

Please identify name on card:    Father    Mother    Participant    Other: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ RxBIN Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone#: \_\_\_\_\_

Insurance: \_\_\_\_\_ Prescription Card: \_\_\_\_\_

**Please understand that Second Nature will make every effort to have your insurance billed for Participant's prescription; however, some insurance companies do not cover pharmacies in Utah. If you have any questions, please contact the office.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Participant's last Medical exam: \_\_\_\_\_

Participant's Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECOND NATURE CONSENT FOR EXAMINATION AND TREATMENT**

I/we give permission to Second Nature to provide Participant with an enrollment physical, and to seek medical, hospital, dental, or psychiatric attention in the event of injury or illness, and to provide emergency first aid as needed, in the field until such care can be reached.

I/we understand that all costs of medical care and medication needed while the Participant is enrolled at Second Nature are my/our responsibility.

I/we authorize any professionals who have provided treatment to Participant to release information to Second Nature.

I/we are obligated to provide medical insurance for Participant and must provide proof of such prior to the beginning of any program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication EXACTLY as indicated on the package	Dosage of each pill (mg, meg, etc.)	Form (tab, liquid)	EXACT number of tablets/units and WHEN they are to be administered					
			AM	NOON	DINNER	BEDTIME	AS NEEDED	OTHER

**SECOND NATURE ENTRADA, LLC  
POWER OF ATTORNEY**

I/we \_\_\_\_\_ am/are the Participant or legal guardians of \_\_\_\_\_ (known hereafter as "Participant") and do hereby warrant to the Second Nature Programs, to-wit: Second Nature Therapeutic Program, LLC, Second Nature Blue Ridge, LLC, Second Nature Entrada, LLC and Second Nature-Cascades, Inc. (for ease of reference, hereinafter collectively, "Second Nature"), which owns and operates the outdoor program commonly known as Second Nature Wilderness Program, that I/we have the legal authority to grant this Power of Attorney.

I/we hereby execute this Power of Attorney in order that Second Nature may, if necessary, in its judgment, authorize or provide care and treatment to the Participant, as referenced below.

I/we agree to delegate to Second Nature while the Participant is in Second Nature's custody, any of the powers of the parent or guardian with respect to such Participant regarding his care and custody, including with respect to (a) physical and mental health care and treatment and (b) personal property of the Participant located on his person or located at any Second Nature facility or encampment, but in no event shall such power include the power to consent to marriage or adoption of a minor ward. Said power of attorney shall include the power:

- To procure emergency medical, hospital and psychiatric treatment, and to procure dental treatment, should such be deemed necessary for said Participant, as determined by the Second Nature representative and/or Second Nature's Medical Director.
- To thoroughly search the personal belongings and person of said Participant upon arrival to the program, and during the program if deemed necessary and to confiscate any inappropriate items (considered to be illegal, harmful or unnecessary).
- To physically restrain Participant if Participant is a danger to self or others, as determined by Second Nature personnel. Any use of physical force will be documented by the persons involved (insofar as the same is possible), as well as by all witnesses.
- To administer drug screen, pregnancy, and other relevant medical testing.
- To restrain access to telephone calls, visitors, and any deliverable materials as Second Nature reasonably deems necessary in connection with Participant's treatment.

I/we execute this Power of Attorney on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, effective upon arrival at Second Nature on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This Power of Attorney shall in all events terminate upon said Participant's graduation from the Second Nature program in which he is participating or when the parents/legal guardian(s) withdraw said Participant from Second Nature. Notwithstanding anything to the contrary herein, I/we shall have the right to revoke said Power of Attorney upon furnishing an executed and written revocation of said Power of Attorney to Second Nature. This Power of Attorney shall be construed under Utah law, without reference to conflict of law principles.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

**SECOND NATURE ENTRADA, LLC  
CONTRACT FOR SERVICES**

PROVIDER:

Second Nature Entrada, LLC  
A/K/A Second Nature Wilderness Program  
2711 Santa Clara Drive Suite 400  
Santa Clara, Utah 84765

PARTICIPANT:

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

This Contract for Services (this "Contract") is made effective as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the above listed parties and as follows. In this Contract the party who is contracting to receive services, on his own behalf or on behalf of Participant, will be referred to as the 'Client' and/or 'Participant' and/or 'Parents/Legal Guardian' and/or 'Father/Legal Guardian' and/or 'Mother/Legal Guardian' as applicable and as the context may require. The party providing the services, Second Nature Entrada, LLC, a Nevada limited liability company, will be referred to as "Second Nature." The parties may also enter additional agreements, which may govern or otherwise be applicable to this Contract, including a certain Second Nature Entrada, LLC Arbitration Agreement (the "Arbitration Agreement").

**1. IDENTIFYING INFORMATION**

I/we (the Client and/or Participant and/or the person executing the signature blocks on the last page of this Contract), enter into this contract with Second Nature for the purpose of securing placement in the Second Nature Wilderness Program ("SN Program") and clarifying the rights and responsibilities of the parties.

**2. ELIGIBILITY AND ACCEPTANCE**

I/we understand that Participant must meet Second Nature eligibility requirements for acceptance into the program, and that any misrepresentations relating to eligibility requirements potentially places Participant at great risk and may result in discharge from Second Nature. I/we further understand that part of the screening process is completed in the first week of the program, and agree that Second Nature may determine at such time that Participant is clinically or medically inappropriate for placement. If Participant is discharged at such time I/we agree to pay for the return trip home or for travel expenses to another placement. I/we understand that we will be charged only for the days (any time spent at Second Nature on any day is counted as a full day) that Participant is enrolled.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent/Financial Guarantor's initial and date)

**3. COSTS OF THE SN PROGRAM**

I/we understand that the cost of Second Nature ENTRADA is **\$465.00 per day**. I/we further understand that there is a minimum length of stay of **35 days** and that should the decision be made to extend the length of stay for the Participant the extensions will be in seven-day increments billable to a credit card at the rate of **\$465.00 per day** as stated above, unless prior arrangements have been made to pay by cash or check. I/we understand that there is an additional **enrollment fee of \$2,000.00** due upon admission of the Participant. The enrollment fee covers the application fees and initial gear supplied to the Participant.

Full payment by check, certified check, wire transmission, or credit card for all anticipated costs must be received prior to the beginning of the SN Program. Make checks payable to Second Nature and send via overnight mail to the address in the Payment Agreement. If the decision is made to extend the Participant's stay, or any additional costs are incurred, payment for those costs is due within 10 business days of the decision. Failure to pay may result in the Participant's immediate discharge from the program, and at Client's expense. I/we will not hold Second Nature responsible for any consequences that result from the Participant's premature discharge and Client remains liable to pay for any and all costs incurred to that date.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent/Financial Guarantor's initial and date)

Participant's Name: \_\_\_\_\_

**4. PREMATURE DISCHARGE**

If the Participant is discharged prematurely for medical or clinical reasons, which Second Nature retains the right to do, full refund or monies on a per day rate will be given after deduction of expenses incurred by Second Nature on behalf of Participant and not included within normal room and board costs. Such expenses would include, but not be limited to, destruction or loss of property by Participant, medical or dental expenses, etc. All gear issued to the Participant remains the property of the Participant, who must assume full responsibility for care and upkeep and replacement cost if the gear is lost or destroyed by the Participant. Any other property, owned by Second Nature, Second Nature personnel, or any person outside Second Nature, which is damaged by the Participant, will be the responsibility of the Participant and the Participant's legal guardians and financial guarantor.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent/Financial Guarantor's initial and date)

If the Participant chooses to leave the program prior to completion (for reasons other than a discharge by Second Nature for medical or clinical reasons), he/she agrees to be bound by the terms of this Contract for Services for a minimum payment of 21 days (i.e., at the per day rate set forth above). A refund will be made at the established per day rate for days in excess of 21 days, less any out-of-pocket costs incurred by or owed to Second Nature with respect to Participant. The foregoing refund policy may be applied more leniently by Second Nature but only due to extreme circumstances and in all events subject to Second Nature's sole and absolute discretion.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent/Financial Guarantor's initial and date)

**5. RUNAWAY EXPENSES**

Any costs incurred by the Participant if he/she runs away from Second Nature, and expenditures made by Second Nature in the pursuit of the Participant will be paid by the Participant and Participant's legal guardian/financial guarantor, who shall be jointly and severally liable for the same. Second Nature will make every reasonable effort to find the Participant in as quickly a manner as possible. I/we hereby release, hold harmless and indemnify Second Nature from any and all liability arising out of or resulting from the Participant running away while enrolled, except for any liability arising out of Second Nature's gross negligence.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent/Financial Guarantor's initial and date)

**6. TRAVEL TO AND FROM THE SN PROGRAM**

I/we agree to pay in full for and make arrangements for the Participant to travel to and from Second Nature, including all mid-program travel to and from the program. I/we agree that any such arrangements will be made by Participant with professional transport agencies and that Second Nature will have no responsibility or liability for any travel or any events which may occur during delivery to Second Nature.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent/Financial Guarantor's initial and date)

**7. RISKS OF THE OUTDOOR PROGRAM**

**A. Illness/Injury/Medical Condition.** I/we assume and acknowledge that living in the outdoors brings the possibility of injury or illness in the normal course of events. I/we agree to release, hold harmless and indemnify Second Nature and its owners, employees and agents from any and all liability arising out of or resulting from any injury or illness which occurs while the Participant is enrolled, except to the extent attributable to Second Nature's gross negligence. Additionally, I/we hereby release, hold harmless and indemnify Second Nature, its owners, employees and agents from any and all liability arising out of or resulting from any medical condition which is self-inflicted by the Participant while enrolled, including without limitation any self-inflicted injury or illness.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

Participant's Name: \_\_\_\_\_

**B. Indemnification.** I/we and any and all of our agents, officers, directors, shareholders, members, employees, heirs, representatives, successors, predecessors, related entities, and assigns agree to release from liability and shall indemnify and hold Second Nature and any and all of its agents, officers, directors, shareholders, members, employees, heirs, representatives, successors, predecessors, related entities, or assigns, harmless from damages or obligations incurred by me/us under this Contract or from any and all claims, losses, liabilities, demands, actions, suits, expenses, attorney fees, rents, and compensation of any kind and nature whatsoever, whether present or future, known or unknown, anticipated or unanticipated, which I/we ever had or now have in any way arising out of or in any way relating to this Contract or the services provided hereunder, except for any liability arising from Second Nature's gross negligence.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**8. POWER OF ATTORNEY**

By signing the Power of Attorney in the enrollment application, and without limiting the Power of Attorney in any manner, I/we agree to delegate to Second Nature, for the duration of the Participant's enrollment with Second Nature, any of the powers inherent in such power of attorney.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**9. CONFIDENTIALITY AND USE OF PARTICIPANT'S RECORDS AND PICTURES**

**A.** I/we give permission that information from Participant's records may be used to participate in research projects if Second Nature reasonably believes confidentiality can be maintained.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**B.** During the course of Participant's involvement in the Second Nature program, other parents, Educational Consultants, Referring Professionals, or other guests invited by Second Nature whom Second Nature reasonably believes have a valid interest in Second Nature programs either by virtue of their relationship to the Participant or Second Nature, may visit the field during Participant's stay. By signing below, Participant add/or, if applicable, the legal guardian agree that the Participant's participation in the Program will constitute the consent of the Participant or the legal guardians to such interactions.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**C.** During the course of Participant's involvement in the Second Nature program, such Participant may take pictures of other Participants with his or her own disposable camera. Further, when family members or other invited guests of such Participant visit the field during or at the conclusion of such Participant's stay, it is possible that pictures of the Participant may be taken by such persons. By signing below, I/we agree that participation in a Second Nature Wilderness Program will constitute the consent of both the Participant and/or, if applicable, the legal guardian to such pictures being taken, as well as constitute a waiver of any claims against Second Nature arising out of the taking or use of such pictures.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

Participant's Name: \_\_\_\_\_

**10. AUTHORIZATION AND CONSENT FOR COMMUNICATIONS**

**A.** I/we authorize Second Nature to transmit personal communications from the Participant by posting on a secure (password-protected) webpage, to be arranged after the Participant's arrival at Second Nature. I/we understand that errors may occur in the transmission of personal communications and that while postings are made on password-protected webpage, Second Nature cannot absolutely guarantee security of the webpage under all circumstances. I/we hereby release Second Nature from any and all liability for errors in the transmission of personal communications, except for any liability arising out of Second Nature's gross negligence. I/we agree to keep confidential the nature of any communication that I/we may receive in error and to notify the Second Nature Program immediately.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**B.** I/we give Second Nature permission to enroll and provide curriculum materials to Participant for the purpose of obtaining high school educational credits when necessary. I/we give Second Nature permission to release the curriculum assignments and tests to independently contracted instructors for assessment and grading.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**C.** I/we agree that all relevant information concerning Participant may be delivered to third parties as reasonably deemed appropriate to Second Nature to deal with the following situations:

- a. If Participant is a danger to self;
- b. If Participant is a danger to someone else;
- c. If Participant shares information of physical or sexual abuse, applicable law requires disclosure to appropriate persons or the Participant is or otherwise may be at risk.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**11. AUTHORIZATION AND CONSENT FOR COMMUNICATIONS RELEASE**

**A.** I/we give consent for Second Nature therapists, management, and staff to communicate (and/or exchange) all information concerning Participant's medical and clinical treatment, diagnosis, disability, school and legal records, or any other information regarding Participant, with parties who are directly involved with Participant's therapeutic process, i.e., parents, spouse, sponsor (if any), Financial Guarantor (if any), Educational Consultant/Referring Professional, home therapist.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**B.** I/we hereby grant permission for Second Nature to provide contact information to an assigned Parent Mentor, namely a parent of a Second Nature alumni participant who will therefore not likely be an employee of Second Nature. I/we authorize said mentor to contact Participant's parents, legal guardian, Financial Guarantor, and/or sponsor during my stay at Second Nature for the purpose of outreach and support.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**C.** I/we hereby grant permission for Participant's assigned therapist \_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date) and/or my Education Consultant/Referring Professional \_\_\_\_\_ (name)

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date) to read mail and see photos posted to the secure webpage. I/we understand and give permission for Participant's group photos to be posted for all families in the Participant's group. These images remain password-protected from all others.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

Participant's Name: \_\_\_\_\_

**D.** Please complete and sign this section listing Educational Consultants, Referring Professionals, parents and/or other family members, psychologists, confidants, etc. who we may be in contact with regarding Participant's treatment and with whom we may exchange such information concerning Participant as we deem appropriate in our reasonable discretion. The following listing shall not be exclusive, it being understood that Second Nature may have contact with other persons as provided in Sections A. through C. above, according to the terms of Sections A. through C., even if they are not listed below:

NAME	ADDRESS	PHONE#	FAX#	EMAIL

I/we understand that signing the Communication Consent to Release section is not required for acceptance of my application to Second Nature.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**12. WITHDRAWAL OF PARTICIPANT**

In the event the Participant or Participant's legal guardian demands the withdrawal of the Participant from Second Nature custody, and upon reasonable proof and Second Nature's determination that such person, acting alone, has the lawful authority to make such a demand, Second Nature will release the Participant to such requesting person. The Participant and/or legal guardian and/or Financial Guarantor (if any) agree to indemnify and hold Second Nature harmless from and against any and all claims (including legal fees) arising from such release and from and against any and all legal fees and costs incurred by Second Nature in consulting legal counsel as to its rights and obligations with respect to a withdrawal under circumstances in which all legal guardians do not provide written consent to withdrawal of the Participant. If there is more than one legal guardian, and all such legal guardians sign this Contract for Services, they agree, without limiting Second Nature's other rights herein, that Second Nature shall have the right to condition withdrawal only upon all such legal guardians giving such written consent. If Second Nature should otherwise conclude that the consent of all legal guardians for such a withdrawal is not necessary, Second Nature will undertake reasonable efforts to attempt to notify the non-requesting legal guardian of the release if such non-requesting legal guardian has executed this Contract for Services or Second Nature is otherwise legally required to give such notification.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**13. ENTIRE AGREEMENT**

This Contract and the Arbitration Agreement, if executed, contains the entire agreement of the parties with respect to the subject matter of this Contract. This Contract supersedes any prior written or oral agreements between the parties. Any modifications to this Contract of any kind must be in writing and signed by the party obligated under the modification.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**14. GOVERNING LAW**

This Contract and the Arbitration Agreement, if executed, shall be construed in all respects in accordance with the laws of the State of Utah, without regard to conflicts of laws principles that would require the application of any other law.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

Participant's Name: \_\_\_\_\_

**15. JURISDICTION**

In the event any provision of the Arbitration Agreement, if executed, shall be held unenforceable, or if the Arbitration Agreement is not executed, or if any dispute arising out of or under this Contract or the services provided for hereunder, is held to not be subject to arbitration as provided in the Arbitration Agreement, Client irrevocably agrees and hereby consents to submit to the jurisdiction of any state or federal court (assuming federal jurisdiction exists) residing in the State of Utah. Should jurisdiction exist in the State Courts of Utah, venue shall reside in the Fifth Judicial District Court of Utah. Client hereby waives any right Client may have to transfer or change the venue of any litigation filed in such courts.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**16. SEVERABILITY**

If any provision of this Contract will be held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Contract is invalid or unenforceable, but that by limiting such provision it would be valid and enforceable, then such provision will be deemed to be written, construed, and enforced as so limited.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**17. ATTORNEY FEES**

In the event a suit, arbitration or action is brought by any party under this Contract to enforce any of its terms, conditions or covenants, or in any appeal therefrom, it is agreed that the prevailing party shall be entitled to recover its attorney fees, experts' fees, and/or costs incurred in any trial, arbitration or action. In the event any arbitrator requires a retainer prior to the commencement of arbitration proceedings, such retainer shall be paid one-half (1/2) by each of the parties; provided, however, that the losing party shall reimburse the prevailing party for the portion of the retainer paid to the arbitrator by such prevailing party. In the event a party refuses to pay all or any part of such party's share of the foregoing retainer, the other party may elect to pay the refusing party's portion, and if the paying party prevails at arbitration, such prevailing party shall be entitled to collect from the refusing party the entire amount of the retainer paid to the arbitrator by the prevailing party.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent/Financial Guarantor's initial and date)

**18. COLLECTION COSTS**

In the event any amounts due to Second Nature under this agreement are not paid within the time periods specified in the Second Nature Payment Agreement (the "Payment Agreement") executed simultaneously herewith, I/we agree to pay finance charges of 12% APR as more particularly outlined in the Payment Agreement.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent/Financial Guarantor's initial and date)

**19. NOTICE**

Any notice or communication required or permitted under this Contract shall be sufficiently given if delivered in person or by certified mail, return receipt requested, to the address set forth on the front page of this contract or to such other address as one party may have furnished to the other in writing.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**20. FAMILY INVOLVEMENT**

I/we understand that Second Nature expects parents/families/spouses/sponsors to be enrolled and participating in Family Therapy.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

In the event that consultation between Second Nature and the parents/family/spouses/sponsors therapist is relevant to the treatment of the Participant, please provide the Therapist contact information.

Family Therapist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

**21. PARTICIPATION COMMITMENT**

I/we understand that the program is a demanding physical and emotional experience and agree that the Participant will participate in and accept stressful physical and mental challenges as being part of the treatment experience. The Participant agrees to participate in all clinical and wilderness activities.

Participant acknowledges that completion of the program does not necessarily mean that Participant has successfully completed all necessary therapy.

\_\_\_\_\_ (Participant's initial and date) \_\_\_\_\_ (Parent or Legal Guardian's initial and date)

**ACCEPTED AND AGREED:**

**I/we accept the terms and conditions of this Agreement and declare that all of the information in the Application Packet is true and correct.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Parent or Legal Guardian Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

Financial Guarantor Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

**\*The signature of legal guardian and/or financial guarantor shall also indicate, unless otherwise agreed upon in writing by Second Nature, that legal guardian and financial guarantor are jointly and severally liable (along with Participant) for the prompt payment when due of all liabilities and obligations hereunder, including, but not necessarily limited to program enrollment and daily fees, runaway expenses, travel expenses, medical and dental expenses, costs of collections and indemnity obligations.**

**SECOND NATURE ENTRADA, LLC ARBITRATION AGREEMENT**

1. **Agreement to Arbitrate.** By signing this Arbitration Agreement (“Agreement”), you as the Participant and/or parent or legal guardian of Participant, or financial guarantor of Participant’s obligations (such parent, legal guardian or financial guarantor, herein “Client”) under the Services Contract referenced below, agree to submit to binding arbitration regarding any and all disputes (collectively, “Claims”) arising out of or under (i) the Second Nature Entrada, LLC Contract for Services (“Services Contract”), (ii) any power of attorney given by you to Second Nature Entrada, LLC, a Nevada limited liability company (“Provider”), (iii) any Consent for Examination and Treatment and/or Power of Attorney given by you to Provider, (iv) the Second Nature Entrada Payment Agreement (if any), and (v) except as otherwise precluded by law, any and all disputes and claims of any kind or nature that result from the care given or services provided by any person or entity in any way employed by, contracting with or working for Provider. The decision of the Arbitrator shall be binding and shall only be appealable as is provided for under the Utah Uniform Arbitration Act. Notwithstanding the foregoing, and as an exception to arbitration, you and Provider may, but are not required, to pursue a Claim in a court in Washington County, Utah, where (a) the amount of damages sought under the Claim is less than \$50,000.00 or (b) arbitration is otherwise precluded by law. Claims arising out of or related to the same set of facts cannot be split between arbitration and court.
2. **WAIVER OF RIGHT TO TRIAL.** PLEASE READ THIS PROVISION CAREFULLY. ARBITRATION REPLACES THE RIGHT TO GO TO COURT. IF YOU SIGN THIS AGREEMENT, YOU WILL NOT BE ABLE TO BRING AN ACTION IN COURT, INCLUDING A CLASS ACTION OR SIMILAR PROCEEDING, EXCEPT AS OTHERWISE ALLOWED IN THIS AGREEMENT. IN THE ABSENCE OF THIS ARBITRATION AGREEMENT, YOU AND WE MAY OTHERWISE HAVE HAD A RIGHT OR OPPORTUNITY TO BRING CLAIMS IN A COURT, BEFORE A JUDGE OR JURY. HOWEVER, EXCEPT AS OTHERWISE PROVIDED HEREIN, THOSE RIGHTS ARE WAIVED AND ALL CLAIMS MUST NOW BE RESOLVED THROUGH ARBITRATION.
3. **How To Arbitrate.** The arbitration shall be before one arbitrator. Subject to the terms of this Agreement, the arbitration shall be administered by an arbitrator mutually agreed to by the parties and conducted in accordance with the terms of the Utah Uniform Arbitration Act. In the event the parties are unable to mutually agree to the appointment of an arbitrator, and subject to the terms of this Agreement, the Arbitrator shall be appointed by the American Arbitration Association (“AAA”). In all events, the arbitration shall be administered by the AAA pursuant to its procedures in effect at the time the arbitration is filed.
4. **Venue; Governing Law.** Unless the parties agree otherwise, arbitration hearings will be held in St. George, Utah. The parties agree to keep the arbitration proceedings and any resulting decision by the arbitrator private and confidential. Utah law governs this Agreement. The arbitrator shall be entitled in his discretion to apportion fault to all persons or entities that contributed to the injury claimed by Client, whether or not those persons or entities are parties to the arbitration.
5. **Attorneys’ Fees and Costs.** Attorneys’ fees and costs shall be payable as provided in the Services Contract.
6. **Severability.** If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions will remain in full force and will not be affected by the invalidity of any other provision.
7. **Acknowledgement of Receipt.** You acknowledge that you have received a copy of this Agreement. You also acknowledge that you have been encouraged to ask any questions you have.
8. **Applicability.** This Agreement applies only to: (i) errors, omissions and other conduct that occurs after the Agreement has been signed; (ii) Claims of the Participant and/or Client and any other person on whose behalf this Agreement has been signed by Client; and (iii) Claims of a person who is not a party to the Agreement if the sole basis for the Claim is an injury sustained by a person on whose behalf this Agreement has been signed by Client.

Second Nature Entrada, LLC

Name of Participant (print): \_\_\_\_\_

By: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Its: \_\_\_\_\_

Names(s) of Client (other than Participant, i.e., parent, legal guardian, financial guarantor)

Date: \_\_\_\_\_

(Print): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature(s) of Client (other than Participant, i.e., parent, legal guardian, financial guarantor):

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

## **Second Nature Entrada, LLC Payment Agreement**

### **1. TUITION INFORMATION**

You (meaning you, the Participant and/or legal guardian and/or Financial Guarantor, if any) acknowledge that daily tuition fees apply to EVERY full or partial day that Participant is enrolled in a program (each such program a "Second Nature Wilderness Program") operated by Second Nature Entrada, LLC ("Second Nature"). The cost is **\$465.00 per day, plus a \$2,000.00 enrollment fee**. There is a **minimum** initial payment of **\$18,275.00** which covers the first **35 days** of the program and includes the enrollment fee. The initial payment is due **on or before** the participant's date of enrollment. If payment is not received within **7 days** of enrollment, you authorize Second Nature to charge the credit card (the "Credit Card") you provide to Second Nature when you completed your online application. ***All late payments will accrue finance charges at a rate of 12% APR beginning 8 days after the first billing date. All extensions beyond your initial payment will be billed to the Credit Card at a rate of \$465.00 per day, unless prior arrangements have been made with the Accounting Department to pay by check or wire transfer. Credit Card charges will be reversed if payment by check or wire transfer is subsequently received.***

### **2. PREFERRED METHOD OF PAYMENT - circle length of stay**

**35 days = \$18,275.00**

**42 days = \$21,530.00**

**49 days = \$24,785.00**

**56 days = \$28,040.00**

**Check Payable to Second Nature Entrada**

Please send payment to: Second Nature Entrada, 2711 Santa Clara Drive, Santa Clara, UT 84765  
Ph: 435-674-9310 (Include UPS/FEDEX tracking number here \_\_\_\_\_)

**Wire Transfer** (Please contact the billing department at 435-674-9310 for wiring instructions)

**Credit Card** - You authorize and request Second Nature to charge all tuition and enrollment fees to the Credit Card. (Unless otherwise noted, the credit card supplied in the online application will be the credit card that is charged.)

### **3. TRANSPORTATION, MEDICAL, AND INCIDENTAL EXPENSES**

**Regardless of your selected payment method of tuition and enrollment fees**, and unless you have made other payment arrangements that are approved in advance by Second Nature, **you authorize Second Nature to charge the following to the Credit Card:** (i) All expenses not covered by tuition or enrollment fees that are incurred by Second Nature on behalf of Participant; (ii) all additional tuition incurred by reason of extensions to Participant's stay in the Second Nature Wilderness Program; (iii) all travel and transportation expenses related to a temporary leave, and a discharge beyond the Participant being brought to Second Nature's field office (ranging from \$500-\$1500 which does not include airfare, contact the program at the number above for specific amounts); (iv) ALL MEDICAL EXPENSES incurred by Second Nature while Participant is in the Second Nature Wilderness Program, including the initial physical. Second Nature does not bill insurance carriers. Second Nature will assist with preparation of insurance reimbursement claims only after your account has been paid in full. You agree that so long as Participant remains enrolled in any Second Nature Wilderness Program, you will promptly notify Second Nature of any changes to your Credit Card account number, expiration date and/or your billing address, and you agree to promptly notify Second Nature if your Credit Card expires or is cancelled for any reason. You agree to indemnify, defend and hold harmless Second Nature from and against any and all claims, expenses, charges, damages, and fees incurred by Second Nature as a result of or relating to your failing to provide correct and/or current information regarding the Credit Card to Second Nature.

**Participant:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please print)

**Financial Guarantor:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please print)

**Parent or Legal Guardian:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please print)

## SECOND NATURE RESEARCH STUDY CONSENT FORM

One component of Second Nature Wilderness Program's evaluative process includes assessing outcome. Adult clients at Second Nature are expected to participate in a research study in conjunction with the National Association of Therapeutic Schools and Programs (NATSAP) Research and Evaluation Network ([www.natsap.org](http://www.natsap.org)).

**Participation in this study allows Second Nature to learn more about factors that may predict and improve treatment outcomes for clients receiving psychological services in the wilderness.**

### What does your participation in this study involve?

- You will be asked to fill out 5 questionnaires regarding your perception of your issues and over-all mental health over the next year.
- Filling out these questionnaires will take you about 20 minutes each time.
- You will be asked to answer questions about such things as your relationships with others; your behaviors, attitudes, and moods; your personal strengths and weaknesses; and your thoughts about therapy.

### What are the possible benefits of participating in this study?

- You may benefit directly from participating in this study as a result of directly reflecting on therapeutic aspects and measures of change throughout enrollment. This awareness can contribute immensely to the client-therapist dialogue. At a more general level, it is hoped that through your participation, researchers will learn more about important aspects of treatment that can be used to improve the response of clients to wilderness therapy.

### If you participate in this study, will it cost you anything?

- There is no cost to participate in this study.

*Please note: Your consent to participate in this research is entirely voluntary, and your refusal to participate will involve no prejudice, penalty or loss of benefits to which you would otherwise be entitled.*

### How will the confidentiality of your records be protected?

- Second Nature Wilderness Programs seek to maintain the confidentiality of all data and records associated with your participation in this research. All forms filled out at the study website will be stored securely and will be accessible only by approved Second Nature clinicians and administrators of this study. When the information is made available, it will contain no identifiable information. If paper forms are used, they will be locked securely at your program after they have been entered into the computer-based system described above.

### Who should I contact if I have questions about this study?

- If you have any questions pertaining to this research study, please contact: Katie Massey at [katiem@snwp.com](mailto:katiem@snwp.com) or Dr. Landon Poppleton at [landonp@nwfamilypsychology.com](mailto:landonp@nwfamilypsychology.com).

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Signature (Adult)

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Date