



secondnature

cascades

STUDENT 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:

Student Application to Program Has Been Accepted: _____
Clinical Director Signature

Referral Source: _____ Phone: _____

Group #: _____ Therapist: _____ Admissions Approval: _____

Admit Date: _____ Discharge Date: _____ Length of Stay: 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) student/child has not received a Tetanus Immunization in the last ten (10) years and/or b) you do not want your student/child to receive a Tetanus Immunization (immunization must be within last 10 years. If not, student/child 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. Parents/legal guardians shall be ultimately liable for all medical costs associated with your student/child, including the initial intake physical, regardless of any asserted non-liability by insurers.

*****If Parents are NOT married*****

Both parents must sign all “signature pages” or provide a copy of Court Ordered Custody Papers declaring LEGAL and PHYSICAL Custody

TREATMENT HISTORY AND RELEASE OF INFORMATION

The following professionals and/or institutions who have counseled, treated, or educated _____ (student/child) 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 our son/daughter'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: _____

Parent/ Legal Guardian Signature: _____ Date: _____

Parent/ Legal Guardian Signature: _____ Date: _____

PERMISSION TO TEST

I hereby give permission for Second Nature Cascades, 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 my student/child to release information, results and reports to Second Nature Cascades. These may include psychological, academic or medical (see Consent for Examination and Treatment).

Parent/ Legal Guardian Signature: _____ Date: _____

Parent/ 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 your student/child'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. Parents/legal guardians and financial guarantor (if applicable) shall be ultimately liable for all medical costs associated with your student/child, 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 Student Other: _____

Student/Child 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 your student/child's prescription; however, some insurance companies do not cover pharmacies in Oregon. If you have any questions, please contact the office.

Parent/ Legal Guardian Signature: _____ Date: _____

Financial Guarantor Signature: _____ Date: _____

Student/Child's Physician's name: _____

Address: _____ Phone: _____

Date of Student/Child's last Medical exam: _____

Student/Child's Dentist's name: _____ Phone: _____

SECOND NATURE CONSENT FOR EXAMINATION AND TREATMENT

I/we give permission to Second Nature to provide student/child 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 student/child is enrolled at Second Nature are my/our responsibility.

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

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

Parent/ Legal Guardian Signature: _____ Date: _____

Financial Guarantor Signature: _____ Date: _____

Name of Medication EXACTLY as indicated on the package	Strength of each medication (mg, ml, 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 CASCADES
POWER OF ATTORNEY**

I/we _____ are the parents and/or legal guardians of _____ (known hereafter as "Student") 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.

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 Student, as referenced below.

I/we agree to delegate to Second Nature while the Student is in Second Nature's custody, any of the powers of the parent or guardian with respect to such Student regarding his care and custody, including with respect to (a) physical and mental health care and treatment and (b) personal property of the Student 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 Student, as determined by the Second Nature representative and/or its Medical Director.
- To thoroughly search the personal belongings and person of said Student 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 control Student if the Student is a danger to self or others, as determined by Second Nature personnel. Any use of physical control will be documented by all adult witnesses present.
- Should Student run away from control and supervision of Second Nature staff, to direct and authorize appropriate law enforcement or security personnel to detain and retain custody of the Student until arrangement is made for Student's immediate return to Second Nature, home or next placement.

We give permission for said Student to participate in all program activities, knowing that such activities carry an inherent risk of injury or illness.

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 Student's graduation from the Second Nature program in which he is participating or when the parents/legal guardian(s) withdraw said Student 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 Oregon law, without reference to conflict of law principles.

Father/Legal Guardian Signature

Mother/Legal Guardian Signature

Student Name: _____

SECOND NATURE CASCADES CONTRACT FOR SERVICES

PROVIDER:
Second Nature Cascades, Inc.
A/K/A Second Nature Wilderness Program
20332 Empire Avenue, Suite F7
Bend, OR 97701

CLIENT (Parents/Legal Guardian):

This Contract for Services (this "Contract") is made effective as of this ____ day of _____, 20____, by and between the above listed parties. In this contract, the party who is contracting to receive services will be referred to as the "Client" and/or "Parents/Legal Guardian" and/or "Father/Legal Guardian" and/or "Mother/Legal Guardian". The party providing the services, Second Nature Cascades Inc, an Oregon corporation, 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 Cascades, Inc. Arbitration Agreement (the "Arbitration Agreement").

1. IDENTIFYING INFORMATION

I/we, (Parents or guardians) _____ the parents/legal guardians of _____ (the "Student's" name), enter into this contract with Second Nature for the purpose of securing placement of the Student in the Second Nature Wilderness Program ("SN Program") and clarifying the rights and responsibilities of each party. **If one parent signs the contract, such parent is representing and warranting that both parents are consenting to the Student's admission. In the case of divorce or unmarried guardians, I/we state that we are in fact the legal guardians of the Student, and have the authority to act and make decisions regarding the Student, alone, and will provide documentation showing such authority before the Student begins the program** _____ (initial and date)

2. ELIGIBILITY AND ACCEPTANCE

I/we understand that the Student must meet Second Nature's eligibility requirements for acceptance into the SN Program, and that our misrepresentation of any facts regarding the Student's eligibility for the SN Program potentially places the Student 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 SN Program, and sometimes it may take as long as three to four weeks for Second Nature to determine the Student is not appropriate for the program. I/we acknowledge that Second Nature may determine during such period of time that the Student is clinically or medically inappropriate for placement. If as a consequence the Student is discharged at this 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 the Student is enrolled. _____ (initial and date)

Student Name: _____

3. COSTS OF PROGRAM

I/we understand that the cost of Second Nature CASCADES is **\$465.00 per day**. I/we further understand that there is a minimum length of stay of **42 days** and that should the decision be made to extend the length of stay for my child 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 Student. The enrollment fee covers the application fees and initial gear supplied to the Student. _____ (initial and date)

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 Student'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 Student'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 Student's premature discharge and Client remains liable to pay for any and all costs incurred to that date. _____ (initial and date)

4. PREMATURE DISCHARGE

If the Student 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 Student and not included within normal room and board costs. Such expenses would include, but not be limited to, destruction or loss of property by Student, costs incurred in attempting to locate Student if he runs away from the program, medical or dental expenses, etc. All gear issued to and paid for by the Student remains the property of the Student, Student must also assume full responsibility for replacement cost of new gear if the gear previously issued to and paid for by (or loaned to) Student is lost or destroyed. Any other property, owned by Second Nature, Second Nature personnel, or any person outside Second Nature, which is damaged by the Student, will be the responsibility of the Student and the Student's parents, legal guardians and financial guarantor. _____ (initial and date)

If the Student leaves the program prior to completion (for reasons other than a discharge by Second Nature for medical or clinical reasons), parents/legal guardians/financial guarantor agree 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 Student. 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. _____ (initial and date)

5. RUNAWAY EXPENSES

Any costs incurred by the Student if he/she runs away from Second Nature, and expenditures made by Second Nature in the pursuit of the Student will be paid by the Student's parents/legal guardians and financial guarantor, if any. Second Nature will make every reasonable effort to find the Student 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 Student running away while enrolled, except for any liability arising out of Second Nature's gross negligence. _____ (initial and date)

6. TRAVEL TO AND FROM THE SN PROGRAM

I/we agree to pay in full for and make arrangements for the Student 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 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. _____ (initial and date)

Student Name: _____

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 Student 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 Student while enrolled, including without limitation any self-inflicted injury or illness. _____ (initial and date)

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. _____ (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 Student's enrollment with Second Nature, any of the powers of the parent or guardian regarding care, custody or property of the Student, except the power to consent to marriage or adoption of a minor ward. _____ (initial and date)

9. CONFIDENTIALITY AND USE OF STUDENT'S RECORDS AND PICTURES

A. I/we give permission that information from Student's records may be used in research projects if Second Nature reasonably believes confidentiality can be maintained. _____ (initial and date)

B. During the course of Student'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 Student or Second Nature, may visit the field during Student's stay. By signing below, parents/legal guardians agree that the Student's participation in the Program will constitute the consent of the Student and/or the parents/legal guardians to such interactions. _____ (initial and date).

C. During the course of Student's involvement in the Second Nature program, such Student may take pictures of other Students with his or her own disposable camera. Further, when family members or other invited guests of such Student visit the field during or at the conclusion of such Student's stay, it is possible that pictures of the Student may be taken by such persons. By signing below, parents/guardians agree that participation in a Second Nature Wilderness Program will constitute the consent of both the Student and/or the parents/legal guardians 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. _____ (initial and date)

Student Name: _____

10. AUTHORIZATION AND CONSENT FOR COMMUNICATIONS

A. I/we authorize Second Nature to transmit personal communications from the Student to me by posting on a secure (password-protected) webpage, to be arranged after the Student’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 SN Program immediately. _____ (initial and date)

B. I/we give Second Nature permission to enroll Student and provide curriculum materials to Student for the purpose of obtaining high school educational credits. I/we give Second Nature permission to release the curriculum assignments and tests to independently contracted instructors for assessment and grading. _____ (initial and date)

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

- a. If Student is a danger to self;
- b. If Student is a danger to someone else;
- c. If Student shares information of physical or sexual abuse, and applicable law permits or requires disclosure to appropriate persons. _____ (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 Student’s medical and clinical treatment, diagnosis, disability, school and legal records, or any other information regarding Student, with parties who are directly involved with Student’s therapeutic process, i.e., parents, spouse, Educational Consultant/Referring Professional, home therapist. _____ (initial and date)

B. I/we hereby grant permission for Second Nature to provide my contact information to an assigned Parent Mentor, namely a parent of a Second Nature alumni student who will therefore not likely be an employee of Second Nature. I/we agree to be contacted by said Parent Mentor during my Student’s stay at Second Nature for the purpose of outreach and support. _____ (initial and date)

C. I/we hereby grant permission for Student’s assigned therapist _____ (initial and date) and/or Student’s Education Consultant/Referring professional _____ (name) _____ (initial and date) to read mail and see photos posted to the secure webpage. I/we understand and give permission for Student’s group photos to be posted for all families in the Student’s group. These images remain password-protected from all others. _____ (initial and date)

12. WITHDRAWAL OF STUDENT

In the event either parent or legal guardian demands the withdrawal of the Student 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 Student to such requesting person. The parent/legal guardian/financial guarantor agree to indemnify and hold Second Nature harmless from and against any and all claims 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 both parents do not provide written consent to withdrawal of the student. If both parents sign this Contract for Services, they agree, without limiting Second Nature’s other rights herein, that Second

Student Name: _____

Nature shall have the right to condition withdrawal only upon both parents giving such written consent. If Second Nature should otherwise conclude that the consent of both parents for such a withdrawal is not necessary, Second Nature will undertake reasonable efforts to attempt to notify the non-requesting parent of the release if such non-requesting parent has executed this Contract for Services or Second Nature is otherwise legally required to give such notification. _____ (initial and date)

13. ENTIRE AGREEMENT

This Contract and the Arbitration Agreement, if executed, contain 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. _____ (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 Oregon, without regard to conflicts of laws principles that would require the application of any other law. _____ (initial and date)

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 Oregon. Should jurisdiction exist in the State Courts of Oregon, venue shall reside in the Deschutes County Circuit Court of Oregon. Client hereby waives any right Client may have to transfer or change the venue of any litigation filed in such courts.
_____ (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. _____ (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 there from, 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. _____ (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. _____ (initial and date)

Student Name: _____

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.

_____ (initial and date)

20. FAMILY INVOLVEMENT

I/we understand that Second Nature expects parents/families to be enrolled and participating in Family Therapy. _____ (initial and date) In the event that consultation between Second Nature and the family therapist is relevant to the treatment of the Student, please provide your Family Therapist contact information.

Family Therapist: _____

Phone #: _____

ACCEPTED AND AGREED:

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

Father/Legal Guardian*: _____ Date: _____

Mother/Legal Guardian*: _____ Date: _____

Financial Guarantor (if applicable)*: _____ Date: _____

*The signature of father, mother, legal guardian and/or financial guarantor shall also indicate, unless otherwise agreed upon in writing by Second Nature, that such persons are jointly and severally liable 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 - CASCADES, INC. ARBITRATION AGREEMENT

1. **Agreement to Arbitrate.** By signing this Arbitration Agreement ("Agreement"), you as the client ("you" or "Client"), on your behalf and on behalf of your child named below, agree to submit to binding arbitration regarding any and all disputes (collectively, "Claims") arising out of or under (i) the Second Nature - Cascades, Inc., Contract for Services ("Services Contract"), (ii) any power of attorney given by you to Second Nature - Cascades, Inc., an Oregon corporation ("Provider"), (iii) any Consent for Examination and Treatment and/or Power of Attorney given by you to Provider, (iv) the Second Nature - Cascades, Inc. 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 Oregon 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 Deschutes County, Oregon, 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 Oregon 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 Bend, Oregon. The parties agree to keep the arbitration proceedings and any resulting decision by the arbitrator private and confidential. Oregon 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 Client, Client's child 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 - Cascades, Inc.

Name of Client (print): _____

By: _____

Signature of Client: _____

Its: _____

Name of Child (print): _____

Date: _____

Date: _____

Second Nature Cascades Payment Agreement

1. TUITION INFORMATION

You (meaning Parent/Guardian and Financial Guarantor, if any) acknowledge that daily tuition fees apply to EVERY full and partial day that your student/child is enrolled in a program (each such program a "Second Nature Wilderness Program") operated by Second Nature Cascades ("Second Nature"). The cost is **\$465.00 per day, plus a \$2,000.00 enrollment fee.** There is a **minimum** initial payment of **\$21,530.00** which covers the first **42 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 the 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

42 days = \$21,530.00

49 days = \$24,785.00

56 days = \$28,040.00

Check Payable to Second Nature Cascades

Please send payment to: Second Nature Cascades, 20332 Empire Ave., Suite F7, Bend, OR 97701
Ph: 541-382-1620 (Include UPS/FEDEX tracking number here _____)

Wire Transfer (Please contact the billing department at 541-382-1620 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 your student/child; (ii) all additional tuition incurred by reason of extensions to your student/child's stay in the Second Nature Wilderness Program; (iii) all travel and transportation expenses related to a temporary leave, and a discharge beyond the student 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 your student/child 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 your student/child 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.

Parent: _____ **Signature** _____ **Date:** _____
(Please print)

Financial Guarantor: _____ **Signature** _____ **Date:** _____
(Please print)

ICPC PART 1, PLEASE COMPLETE THE AREAS BELOW

ICPC 100A
REV. 8/2001

One form per child
Please type

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

Please complete this section

SECTION I - IDENTIFYING DATA

Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Sex:	Date of Birth:	CWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Asian <input type="checkbox"/>	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			

SECTION II - PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with: Second Nature-Cascades, Inc.		Soc Sec # (optional): Soc Sec # (optional):	
Address: 20332 Empire Ave, Suite F7 Bend, Oregon 97701		Phone: 541-382-1620	
Type of Care Requested:		<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy	
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	Relationship: _____	
<input type="checkbox"/> Child Caring Institution	<input checked="" type="checkbox"/> Other: Outdoor Youth Treatment		
Current Legal Status of Child:		<input type="checkbox"/> Protective Supervision	
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption		
<input checked="" type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Unaccompanied Refugee Minor		
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Other:		

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable):	Supervisory Services Requested:	Supervisory Reports Requested:
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Upon Request
<input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Other:
Name and Address of Supervising Agency in Receiving State:		
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation		

Signature of Sending Agency or Person:	Date:
Please Sign & Date	
Signature of Sending State Compact Administrator, Deputy or Alternate:	Date:

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC

<input type="checkbox"/> Placement may be made	<input type="checkbox"/> Placement shall not be made
REMARKS:	
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:

DISTRIBUTION (Complete six (6) copies):

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.

ICPC PART 2, PLEASE COMPLETE THE AREAS BELOW

ICPC 100B
REV. 8/2001

One form per child
Please type

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS**

TO:

FROM:

Please complete this section

SECTION I - IDENTIFYING INFORMATION

Child's Name: _____ Birthdate: _____
Mother's Name: _____ Father's Name: _____

SECTION II - PLACEMENT STATUS

Initial Placement of Child in Receiving State Date Child Placed in Receiving State: _____
Name of Resource: **Second Nature-Cascades, Inc.**
Address: **20332 Empire Ave Suite F7, Bend, Oregon 97701**
Type of Care: **Outdoor Youth Treatment**
 Placement Change Effective Date of Change: _____
Name of Resource: _____
Address: _____
Type of Care: _____

SECTION III - COMPACT PLACEMENT TERMINATION

Adoption Finalized In Sending State In Receiving State Court Order Attached
 Child Reached Majority/Legally Emancipated
 Legal Custody Returned to Parent(s) Court Order Attached
 Legal Custody Given to Relative Court Order Attached
Name: _____ Relationship: _____
 Treatment Completed
 Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State
 Unilateral Termination
 Child Returned to Sending State
 Child Has Moved to Another State
 Proposed Placement Request Withdrawn
Name of Placement Resource: _____
 Approved Resource Will Not Be Used for Placement
Name of Approved Placement: _____
 Other (Specify): _____
Date of Termination: _____

SECTION IV - SIGNATURES

Person/Agency Supplying Information: _____ Date: _____
Please Sign & Date
Compact Administrator, Deputy or Alternate: _____ Date: _____

DISTRIBUTION (Complete four (4) copies of this form):
• Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:
• Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
• Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency

SECOND NATURE RESEARCH STUDY CONSENT FORM

One component of Second Nature Wilderness Program's evaluative process includes assessing outcome. Parents and children 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).

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 about your perception of your child's behavior and over-all mental health over the next year. You will receive e-mail reminders and instructions that will help you to do this. The forms and instructions can also be mailed to you if you'd prefer.
- Filling out these questionnaires will take you about 10 minutes each time.
- Your child will answer questions about such things as their relationships with others, their behaviors, attitudes, and moods, their personal strengths and weaknesses, and their thoughts about therapy.

What are the possible benefits of participating in this study?

- You and your child 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 adolescents 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 and your child 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 child's 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 or Dr. Landon Poppleton at landonp@nwfamilypsychology.com.

Signature (Parent)

Date