



Blue's Space

Name: _____

Address: _____

City: _____ Zip Code: _____ State: _____

Email: _____

Phone Number: _____

Law Enforcement Branch: (e.g., Sheriff, Police, ATF,) _____

Years on the force: _____ Rank/Job assignment (Patrol, etc.): _____

How did you hear about us? _____

Were you recommended to us by someone? Who? _____

Details of Service Bringing You to Blue's Space

Tell us about why you want to attend our retreat (Critical Incident(s) (NECESSARY TO BE CONSIDERED))

When did this incident occur? _____

Where are you directly involved? _____

Have you been referred to any other mental wellness program? Y/N _____

Blue's Space does not require that you are in top physical shape, but you will be required to do some walking or running to be able to participate in some water activities. You do not need to know how to swim, but it would be helpful, but not necessary.

Tell us about any physical restrictions you may have or accommodation you might need.

Participant Pledge

Blue's Space acts on trust with participants and ask participants to trust in our evaluation of group members to ensure a safe, beneficial experience.

I, _____ will participate in Blue's Space as a member of the group whose goal is to discover the peace and camaraderie of being out in nature, and to share an exploration of the world of ideas through moderated discussions on the provided texts.

I will respect the requirements of the team and conduct myself as a respectful, non-judgmental participant.

I agree to maintain a civil dialogue, both during formal discussions over the texts and during unstructured conversations throughout the weekend.

I pledge to honor the privacy and confidentiality of the other group members by not disclosing conversations beyond the circle of participants on the program.

I pledge to offer support to other group members.

I pledge to participate in the communal nature of the Blue's Space experience by pitching in on chores and accepting assignments from the kitchen team and lead moderators, as needed.

I pledge to bring no firearms, alcohol, or illegal drugs to the Blue's Space Weekend.

I understand that safety is a primary concern, and that I will act in accordance with the directions of the moderators and the staff psychologist/therapist and Chaplain or accept removal from the program.

I understand that Blue's Space protocols, house rules, behavioral standards, use of alcohol or illegal drugs, or any threats of violence will be grounds to remove me from the program.

I understand that if I am removed from the program due to any of the above, as determined by the moderators, psychologist/therapist, chaplain or CEO, I will be responsible for reimbursing Texas 635 for my flight or transportation and any costs incurred for changing my flight or mode of transportation and will be responsible for my own costs for hotel accommodations, transportation and meals until change in my flight or transportation can be arranged for return to my airport or city of origin.

To all the above, I pledge my word.

Signed: _____ Date: _____

Sobriety is the Best Policy

Though a cold beer or chilled glass of wine is savory, liability and sensitivity to others prohibits us from serving alcohol. Please respect and be sensitive to others and respect our insurance liabilities.

foundation@texas635.com

915-412-4222

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in Police Retreat (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Texas 635/Blue's Space, located at 10661 Kinross Ave, El Paso, Texas 79935, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Texas 635/Blue's Space against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Texas 635/Blue's Space incurs any of these types of expenses, I agree to reimburse Texas 635/Blue's Space.

I acknowledge that Texas 635/Blue's Space and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Texas 635/Blue's Space.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Texas 635/Blue's Space AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST

Texas 635/Blue's Space FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Texas 635/Blue's Space, its agents, and employees.

If I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

If any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, _____, and Texas 635/Blue's Space agree that this agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted altering or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

| <u>Emergency Contact</u> | <u>Contact Relationship</u> | <u>Contact Telephone</u> |
|--------------------------|-----------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:



10661 Kinross Ave
El Paso, TX 79935

Date: _____

To whom it may concern,

_____ has been accepted to attend our Texas635, Blue Space Program Mental Wellness Retreat that will be held on start date: _____ thru end date: _____.

Our 3-day peer driven retreat is composed of therapeutic education and physical activities. Therapeutic education teaches officers the physical and mental properties of trauma, understanding their individual stressors and triggers and finally learning and practicing coping techniques. The physical activities we teach officers are part of the coping process and help officers explore new types of physical activities that can help in reducing their PTSD and anxiety triggers.

When the participant completes our retreat and receives his/her certificate. It can be placed in their file to show the officer was provided mental wellness support.

If you have any questions, please feel free to contact me.

Carmen East
CEO Texas 635
www.texas635.com
(915) 412-4222

