

VISION QUEST APPLICATION

May 21-28, 2022

Freedom, ME

Welcome! We are overjoyed that you are considering stepping into this truly life-changing and powerful experience. Below you will find some information about the history of this Vision Quest, as well as the full application form. For the application, please be as specific as



possible, as this gives us a clearer picture of who you are and what your needs are. Also, make sure to write in WHY you want to participate in the Vision Quest – even if we know you and you’ve quested before!

The Vision Quest experience, while uniquely expressed in each culture, is historically common to all people worldwide throughout time. Often marking a life transition, such as from adolescence to adulthood, these rites of passage experiences were a time when a person would remove themselves from their tribe or clan for a specified time and undergo an experience in nature. Then they would return to their people / community / tribe and share their newfound ‘medicine.’ Some people would choose to continue to seek the deeper teachings of the Quest throughout their life as well.

This Vision Quest is a ceremony passed down from Stalking Wolf (Grandfather), a Lipan Apache elder and shaman who traveled throughout North and South America for 63 years in the late 19th and early 20th centuries. Part of his Vision was to travel and learn from *all* peoples and philosophies, find the simple truths beyond the shackling traditions, customs, and dogmas – and pass these down. The Vision Quest is one such simple truth. This is the Vision Quest as handed down by Stalking Wolf. It is NOT an Apache Vision Quest. It is the distilled simplicity that Stalking Wolf handed down for all people called to it. Stalking Wolf originally passed this Quest to his student Tom Brown, Jr. ([Tracker School](#)), who subsequently passed it to Malcolm Ringwalt ([The Oneness Quest](#)). It is from this lineage that the facilitators of this program have been trained in. The facilitators (‘Protectors’) have extensive experience Questing, as well as in running these programs.

NOTE: There are a limited number of spaces for this event, and we will have a waitlist. Applications are now being accepted, with a deposit of \$100 required* to secure your spot. Deposit will be applied to your full program amount, which is a suggested donation of \$550*. Also send us an email letting us know you'd like to come and/or have applied, because the postal service takes a while these days!

To apply, please send your security deposit* of \$100 (check or Venmo*) and print, fill out this form, and mail to:

Arbor Vitae Wellness LLC
331 Maine St.
Suite #15
Brunswick, ME
04011

** **Payment / Security deposit:** Security deposit (\$100) and/or full program suggested donation (\$550) is payable by check, cash, Venmo @arborvitaewellnessme, or credit card. Please make checks out to Arbor Vitae Wellness LLC. Credit cards will have a 3% processing fee. A deposit is required to secure your spot and enables us to purchase food and other related expenses such as travel costs for needed staff. Said deposit will be applied to your full program donation.*

** **Suggested donation:** We recommend \$550 as a suggested donation. This is NOT payment for the Vision Quest teachings and experience, but covers the many expenses incurred in running such a program, such as the meals for the 4 days you are not Questing, logistics, supplies, travel expenses, insurance, first aid supplies etc., that enables us to continue to offer this program to those who are called to it. Further, it is a measure of your commitment to what you are undertaking and a measure of respect for the energy and time of your guides and protectors in the experience. If money is an issue for you but you are still called to this experience, we are open to making financial arrangements that can work for both parties. Please contact Zeb if this is the case (contact info below).*

** **Refunds:** Security deposit is non-refundable. Full payment (eg. \$550) is required two (2) weeks prior to program start-date, being refundable up to program start-date less security deposit. No refunds after program begins, even if you should happen to leave early (no exceptions). The program start-date is May 21, 2022.*

CONTACT: Please direct all questions etc. to Zeb Browne at: (207) 606-4441 or email arborvitaewellnessme@gmail.com. If emailing, please put 'VQ application' in the heading.

VISION QUEST APPLICATION FORM

NOTE: All information is confidential in accordance with applicable law. Please be as specific as possible in your responses below, as this gives us a chance to get to know who you are and how best to support you in this experience. We are here to support you in this journey, and it begins with your application! Thank you.

Applicant name _____ Birthdate/Age _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Alt. phone: _____

Is this a Texting number? (Yes) (No)

Email: _____

Gender _____

Occupation _____ Marital Status _____ In

Case of Emergency, please contact (REQUIRED):

Name and relationship _____

Home Phone: _____ Cell Phone: _____

Back-up Emergency Contact: _____

Home Phone _____ Cell Phone _____

Primary Care Provider / Doctor (List name and business address, and contact information:

Please Note: The Vision Quest contains activities that can be physically, mentally, and emotionally demanding. We will try to accommodate people regardless of medical conditions or disability whenever possible, but we must have full disclosure of all physical and mental conditions, including medications, prior to the Quest so that we can be fully prepared and provide a safe environment for everyone participating. Anyone currently under the care of a health professional for a current condition (physical or psychological) **MUST** consult with them to make sure that this program is advisable. All participants signing this Application Form agree to continue to take any and all medications as prescribed by their doctor for the duration of the entire program. All information provided below is solely for use in this program. All information will be held in strict confidence among the facilitators of the Program and never shared with anyone else without your written consent.

MEDICAL HISTORY

Note: Please explain in more detail on a separate sheet of paper if needed.

1. Are you currently under the care of a medical professional? If yes, please explain:

2. If yes, have you discussed your participation in this program with your PCP/medical provider? Have they expressed any concerns?

3. Are you currently taking any medications? If so, **please list all medication(s)** and condition(s) treated:

4. If yes, are there food requirements for your medication? If yes, please explain:

5. Do you smoke? _____

6. Have you had any major surgery? If so, please list the reason and the date:

7. Have you been hospitalized within the past two years? If so, please explain:

For all allergy information below, please list **what happens when exposed to the allergen.**

8. List any allergies to medication:

9. List any allergies to foods:

10. List any other allergies:

11. List any areas of weakness or current injury in your body

12. On a scale of 1-10 (1 = not great, 10 = awesome) how would you rate your current physical condition? _____

13. **Circle/mark if you currently are experience OR have had any history of the following:**

- Heart disease
- High blood pressure
- Diabetes
- Hyper/Hypoglycemia
- Asthma
- Arthritis
- Poor circulation
- Numbness
- Anemia
- Dizziness or loss of balance
- Back or neck problems
- Headaches / Migraines
- Cancer
- Stroke
- Fibromyalgia
- Orthopedic injuries

14. Any other medical conditions not listed above? If yes, please describe:

PSYCHOLOGICAL HISTORY

Note: Please explain more in detail on a separate sheet of paper if needed.

1. Are you currently under the care of a mental health professional? If yes, please explain:

2. If yes, have you discussed your participation in this program with them?

3. Have you ever experienced or been treated for depression? If yes, please explain:

4. Are you currently experiencing depression? If so, how severe?

5. Do you have a history of addictions? If yes, please describe:

6. Do you currently or have you ever suffered from any kind of anxiety disorder (i.e. panic attacks, night terrors, phobias, flashbacks, etc.)? If yes, please describe:

7. Do you now, or have you ever suffered from any type of dissociative disorder? If yes, please explain:

Have you undergone any stressful events in the past two years that have impacted you significantly (i.e. loss of a loved one, divorce, loss of employment, etc.)? Please describe:

Have you ever been the victim of violence, physical or sexual? If yes, at what age?

Other Practices / Lifestyle

These questions are designed to get an idea of who our participants are and what unique and wonderful backgrounds you bring. Some of you may have no experience in any of these areas and that's perfectly fine. No prior experience is required.

1. Do you have a current exercise routine / physical practice? Please describe:

How often? _____ How strenuous? _____

2. How would you describe your current dietary habits (how much caffeine, sugar, meat, junk food, fruits and vegetables, etc. Be Honest!)

3. Do you have any hobbies? Please desc

4. Do you meditate? If yes, what type, since when, how frequently and how long is each session?

5. Have you ever fasted? If so, what type of fast and for how long?

6. Have you ever done a Vision Quest? If so, how many? (If yes, please list what year(s).

7. Please list any other intensives, retreats, or sacred ceremony work that you've done or been a part of:

8. Are you an adherent of any spiritual or religious system? If so, which one?

9. Are you happy with the direction of your life? Why or why not?

10. How much control do you feel you've had over the direction your life is going? Please explain:

Have you had any significant training, spiritual or otherwise, that you would like us to know about?

Participant Name (please print): _____

RELEASE AND WAIVER OF LIABILITY: *I affirm that the confidential information, which I have provided, is accurate and complete. I understand that failure to disclose this information could affect my own safety and the safety of those around me, and I agree to hold Arbor Vitae Wellness and its agents harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary if I am unable to give consent. I understand that parts of Arbor Vitae Wellness programs may be physically or emotionally demanding. I agree to accept full responsibility and assume all risks that might arise directly or indirectly as a result of participation in any Arbor Vitae Wellness program, including those caused by acts of God, injury, death, and/or loss to my person and/or property knowingly and voluntarily, realizing that Arbor Vitae Wellness and its agents will take all reasonable precautions to minimize these risks.*

I knowingly, voluntarily, and irrevocably waive any and all past, present, and/or future injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by Arbor Vitae Wellness as a student, participant, spectator, and/or visitor, or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrations. I certify that I am physically, mentally and emotionally capable to participate in the program I have applied for despite the rigors and dangers inherent in such undertaking, and I understand that it is my responsibility to provide for my own insurance coverage (such as medical) while participating in Arbor Vitae Wellness programs. I acknowledge that the personal use of video and audio recorders is prohibited.

I hereby expressly release, discharge and hold harmless from any liability whatsoever, Arbor Vitae Wellness and all employees, volunteers, and agents in their capacity as representatives of Arbor Vitae Wellness LLC, including all landowner(s) where the program takes place, except for injuries caused intentionally or by willful misconduct. I understand Arbor Vitae Wellness is not responsible for a participant's personal property that is lost, damaged or stolen during the course of any program at Arbor Vitae Wellness.

I understand that at no time during the Vision Quest program will anyone be allowed to stay in the base camp during the Quest other than the Quest protectors/staff - this includes Questers who decide to leave their Quest early. A ride will be provided by a staff member to an outside location where you can arrange hotel accommodations or an early flight home should you leave the program early. This is to ensure the undisturbed energy in the protected Quest area for those who remain for the full 4-days and nights, and to ensure that the Quest protectors can focus 100% of their energy on those actively Questing. No refund is given for anyone who chooses to leave early.

ACCEPTANCE: *I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but on my heirs, administrators, executors, successors, and assigns.*

Date: _____

Signature: _____

PHOTO / MEDIA RELEASE: *I release to Arbor Vitae Wellness LLC rights to use any photograph or video taken of me while participating in an Arbor Vitae Wellness program, to be used as deemed by Arbor Vitae Wellness, including website, brochure or other advertising. I understand that NO photographs or videos will ever be taken of me during the questing period of the program.*

Date: _____

Signature: _____