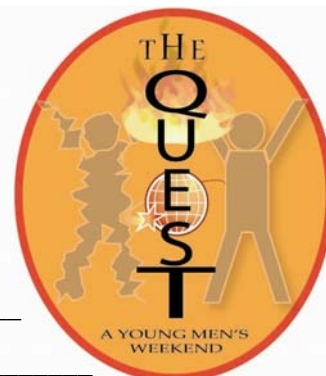


The Quest 2007

Production Team Registration Form

All fields must be completed legibly. Mail w/your \$50 ck to:
Mark Ziegler 1330 NW 189th Way #10 Beaverton, Oregon 97006



Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Cell: _____ Date of Birth: _____

E-Mail Address: _____

Do you own a PU, Van, or Station Wagon? List Make, Model and Maximum capacity including the driver?

Have you been convicted of any violations of the law in the last 15 years excluding traffic? Y N
If YES, please provide complete details on the back of this form. Include a list of any physical, psychiatric, or medical conditions we should know about!

MY COMMITMENTS

- I understand that I may be removed from the Production team if I fail to honor these commitments.
- I understand I am making a commitment to be prepared for and participate in the Production of The Quest Weekend from 2 PM Friday 9-28 2007 through 2PM Sunday 9-30-2007.
- I understand that an overnight training event will be conducted and that I am expected to attend a minimum of 12 hours of that event.
- **I agree** to follow all standards & directions given me by the PTM or his assigned Manager.
- **I will** not bring any non-prescription drugs, illegal materials, weapons, or alcohol to the Weekend.
- At all times **I will** be alert for my own safety and that of all others present.
- I understand that information collected here will be used to conduct a criminal background check as a condition for my involvement with The Quest Weekend Production.

Answer the following on the back of this form as well!

- What quality will you bring to the young men?
- What do you hope to get from your participation on Production?

I have read and agree to all of the terms and conditions set forth this Registration form.

Signature: _____ **Date** _____

DONATION (COMPLETE ALL FIELDS)

A donation of \$50 is expected at the time of registration. Make checks payable to "Men of Action, Inc". Cancellations are non refundable. Our Bank's fee + \$5 will be charged for returned checks. All information requested below **must be complete, legible, and accurate**. My Method of payment is:

Discover - AMEX - MC - Visa - Circle the appropriate choice.) Exp. Date: _____

Name as printed on the Card (PRINT) _____

Billing address of the Card Owner _____

Credit Card # _____ 3 digit Code # _____

Cardholder Signature: _____ **Same as above-print SAME!**

The Quest is Sponsored by Men of Action, Inc.

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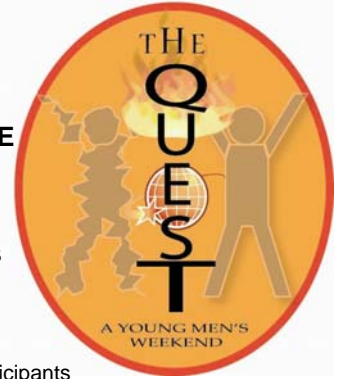
For more information contact:

Rob Ramage @ 503-781-1279 or Tony Alferez @ 503-803-1654

or email us at menofaction@yahoo.com

PARENTS, LEGAL GUARDIAN or PARTICIPANT (if adult): PLEASE READ THE FOLLOWING TERMS, CONDITIONS, & AGREEMENTS CAREFULLY.

A letter with the necessary equipment and clothing needs as well as the site address and directions will be given to you before the weekend. Meals and snacks will be provided for all participants during the weekend.



SAFETY

For the safety and comfort of all the participants, it is important that parents or legal guardians and participants understand and agree to all information herein. Participants must obey safety rules established for the Young Men's Action Weekend™ (hereinafter referred to as "THE QUEST") at all times. Abusive, destructive, violent or unsafe behavior, vandalism, excessive swearing or theft will not be tolerated. Violation of these rules or other rules as directed by The Quests staff will result in dismissal from the weekend without a refund of any kind. Any costs to transport the participant home will be borne by the parents or legal guardian.

ASSUMPTION OF RISK

I confirm that I have/the Participant has voluntarily agreed to participate in The Quest. I/We understand that the QUEST may take place in a wilderness setting and may include such activities as hiking, campfires, games, using tools, swimming and traveling to and from the site and possibly other activities. I understand that the activities involved in the QUEST will be physically demanding at times, and that personal injuries or property damage may occur. I understand that not all of the risks associated with group activities occurring during the weekend are known or predictable. I have no reservation about my/the Participant's physical fitness or health that would prevent me/him from participating in demanding activities, except as noted on the first page of the QUEST Registration Form or the Medical Information Form. In addition to authorizing participant to participate in the QUEST, I/We authorize the participant to participate in any post weekend program or event with the understanding that all of the terms and conditions contained on this form will apply.

RELEASE

I acknowledge the risks inherent in the above mentioned settings & activities & recognize that serious personal injuries, damage to personal property or even death may occur. I agree to accept these risks. I/We, for myself, my spouse, any child, and on behalf of my-our heirs, assigns, personal representatives & next of kin, specifically and forever release and discharge any & all claims for damages I may have or which may occur to me or my children as a result of my/his participation in this event, The Quest's event managers, organizers, volunteers, Men of Action Inc. officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors of premises used to conduct the event, from any and all actions as they relate to injury, disability, death, loss or damage to person or property, whether arising from negligence of the releases or otherwise to the fullest extent of the law. These actions include obligations, costs, expenses, attorney's fees, damages, loss, claims, liabilities and demands of whatever nature, known or unknown, suspected or unsuspected, predictable or unpredictable, arising directly or indirectly related to Participant's participation in the Weekend.

CONSENT TO VIDEOTAPING

I/We understand that the weekend may be photographed, videotaped, and/or audio taped by our Weekend staff, and the QUEST does hereby have my permission to use the photographs, videotapes and/or audiotapes in any way the QUEST's Production Team chooses and I/We have no rights to any compensation or remuneration of any kind.

ARBITRATION CLAUSE

I agree to have any claim, controversy or dispute relating to the enforcement or interpretation of this document or arising or relating to my/Participant's attendance at the QUEST, submitted to binding arbitration under the rules and regulations of the American Arbitration Association. The arbitration shall take place in Portland, Oregon. I do hereby waive my right to bring an action before a judge or jury in any court and I understand that I am giving up my rights to discovery and appeal. Any award rendered in any arbitration may be made by a judgment by any court of competent jurisdiction. I understand that if I refuse to submit to arbitration after agreeing to the provision, I may be compelled to arbitrate under the authority of the Oregon Code of Civil Procedure.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FOR MINORS

In the event of an emergency, injury, or illness to my child, I understand that reasonable effort will be made to contact me, my spouse, or next of kin (if an adult) by means of telephone as listed on the registration form. In the event I cannot be reached, or our own doctor is not readily available, I hereby authorize a representative from Men of Action, Inc. and or The Quest Production Team to act as agent with full power in my name to take The Participant to the closest appropriate medical facility for evaluation and treatment. Treatment could include anesthesia, surgery, or injection of medication for my child (or for me, if adult). I agree to be responsible for the payment of the emergency medical treatment.

This document contains all of the agreements & understandings between the parties & no representation other than those contained herein have been relied upon by any of the parties. This agreement shall be construed in accordance with the laws of the State of Oregon. In the event that any provision herein shall become unenforceable or declared invalid the remaining provisions shall remain in full effect. I hereby acknowledge that I have carefully read and that I understand the terms and conditions of the above agreement. I have read and am aware that this is a release from liability regarding the parties listed above and an assumption of risk by me.

Signed Production Team Member _____ **DATE:** _____

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