

Independent Adventurous Journey Application



Prior to submitting this form, please make sure that you have reviewed the “Guide to an Independent Adventurous Journey” in its entirety. There is information within that document that is helpful in completing this form. Additionally, if multiple Award Participants will be pursuing an Independent Adventurous Journey together, it is only required that one form is submitted, so long as the other participants are listed on the application.

Applicant’s Name: _____

Practice Journey Dates: _____ Practice Journey Location: _____

Qualifying Journey Dates: _____ Qualifying Journey Location: _____

Mode of Transportation: _____
(hiking, biking, kayaking, etc. — must be non-motorized and self-sufficient)

Team Member Names:	Is this teammate an Award Participant?		
	<u>Yes</u>	<u>No</u>	<u>Level: (if applicable)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Supervisor’s Name: _____

Supervisor’s Email Address: _____

Supervisor’s Phone Number: _____

Please make sure the Supervisor reviews and signs the Adventurous Journey Supervisor Agreement below, as well as the Safeguarding Policy and Volunteer Code of Conduct attached.

Assessor’s Name: _____

Assessor’s Email Address: _____

Assessor’s Phone Number: _____

Please make sure the Assessor reviews and signs the Adventurous Journey Assessor Agreement below, as well as the Safeguarding Policy and Volunteer Code of Conduct attached.

Participant Agreement

As a participant of The Duke of Edinburgh's International Award USA at the _____ level, I will uphold the integrity of the Award program while planning and participating in an Independent Adventurous Journey. I understand that this will be a substantial undertaking without the assistance of a trained Registered Activity Provider (RAP) or a trained and certified Award Unit.

Additionally, I have reviewed the "Guide to an Independent Adventurous Journey" in its entirety and have shared the information with the Supervisor and Assessor identified above. I understand that it is within the power of my Award Leader and Award USA to approve or deny my final Independent Adventurous Journey submission to the Online Record Book (ORB) if there is evidence that it was not within the Conditions of an Adventurous Journey, as set forth by The Duke of Edinburgh's International Award USA.

By signing below, I certify that I agree to the terms of the Participant Agreement outlined above.

Print Name: _____

Sign Name: _____

Date: _____

Parents/Guardian Agreement (only for participants under age 18)

As the parent/guardian of an Award USA participant, I have reviewed the "Guide to an Independent Adventurous Journey" and agree to support my participant in executing a trip aligned to the conditions laid out therein.

I also agree to have the Supervisor and Assessor named above present during the training and preparation, practice journey, and/or qualifying journey with my participant, and I will not hold The Duke of Edinburgh's International Award USA and/or its staff liable in case of accident, injury, and loss or damage of property in connection with the Independent Adventurous Journey. This includes any incidents, which may occur before, during, on the way to, or on the way from the trips.

By signing below, I certify that I agree to the terms of the Parent/Guardian Agreement outlined above.

Print Name: _____

Sign Name: _____

Date: _____

Supervisor Agreement

As the Supervisor for the Independent Adventurous Journey described in this application, I will uphold the integrity of the Award program while planning and overseeing the journey. I have reviewed the "Guide to an Independent Adventurous Journey" in its entirety and agree to fulfill all elements of the Supervisor role described therein, including executing all Conditions of the Adventurous Journey. I certify that I am qualified for this role and agree to the Safeguarding Policy and Volunteer Code of Conduct for Independent Adventurous Journey Volunteers.

I also agree to be present during the training and preparation, practice journey, and/or qualifying journey with the participant(s), and I will not hold The Duke of Edinburgh's International Award USA and/or its staff liable in case of accident, injury, and loss or damage of property in connection with the Independent Adventurous Journey. This includes any incidents, which may occur before, during, on the way to, or on the way from the trips.

By signing below, I certify that I agree to the terms of the Supervisor Agreement outlined above.

Print Name: _____

Sign Name: _____

Date: _____

Assessor Agreement

As the Assessor for the Independent Adventurous Journey described in this application, I will uphold the integrity of the Award program while planning and overseeing the journey. I have reviewed the "Guide to an Independent Adventurous Journey" in its entirety and agree to fulfill all elements of the Assessor role described therein, including executing all Conditions of the Adventurous Journey. I certify that I am qualified for this role and agree to the Safeguarding Policy and Volunteer Code of Conduct for Independent Adventurous Journey Volunteers.

I also agree to be present during the qualifying journey with the participant(s), and I will not hold The Duke of Edinburgh's International Award USA and its staff liable in case of accident, injury, and loss or damage of property in connection with the Independent Adventurous Journey. This includes any incidents, which may occur before, during, on the way to, or on the way from the trips.

By signing below, I certify that I agree to the terms of the Assessor Agreement outlined above.

Print Name: _____

Sign Name: _____

Date: _____