



# Student Application

## I. Personal Information

SS#: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Permanent Address: \_\_\_\_\_  
*PO Box or Street # City State Zip*

Mailing Address: \_\_\_\_\_  
*PO Box or Street # City State Zip*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Include area code*

Number of Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_ Your position in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.) \_\_\_\_\_

Emergency Notification: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*PO Box or Street # City State Zip*

Parents name (if living): \_\_\_\_\_

Address: \_\_\_\_\_  
*PO Box or Street # City State Zip*

Phone #: \_\_\_\_\_  
*Include area code*

Phone #: \_\_\_\_\_  
*Include area code*

Are parents separated or divorced?  Yes  No If Yes, reason: \_\_\_\_\_

Is either of your parents deceased?  Yes  No If yes, who? \_\_\_\_\_

Do you own:

Home \_\_\_\_\_ Property \_\_\_\_\_ Car \_\_\_\_\_ If yes, what make/model/year: \_\_\_\_\_

Do you possess a driver's license?  Yes  No

If yes: Drivers License #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Other rehabilitation centers attended: 1. \_\_\_\_\_ When: \_\_\_\_\_  
2. \_\_\_\_\_ When: \_\_\_\_\_  
3. \_\_\_\_\_ When: \_\_\_\_\_

Number of times you have stayed in a mission: \_\_\_\_\_

What do you consider your addictions to be:  Alcohol  Drugs  Sexual  Other (if checked, please explain)

Have you ever attended Alcoholics Anonymous?  Yes  No If yes, when? \_\_\_\_\_ How long? \_\_\_\_\_

Do you have any other family members addicted to alcohol or drugs?  Yes  No (if yes, please describe)

**II. Marital Status**

- Single (If checked, please continue to Section III)
- Married / How long have you been married? \_\_\_\_\_ Is this your only marriage? \_\_\_\_\_
- Separated / How long have you been separated? \_\_\_\_\_ Reason for separation: \_\_\_\_\_
- Divorced / How long have you been divorced? \_\_\_\_\_ Reason for divorce: \_\_\_\_\_
- Widower / Date of wife's passing: \_\_\_\_\_ Cause of death: \_\_\_\_\_

**If married, separated, divorced or widower, please provide the following information:**

Wife's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Wife's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
PO Box or Street # City State Zip Include area code

Does your wife work? Yes No If Yes, where and what does she do? \_\_\_\_\_  
 \_\_\_\_\_ What is her income? \_\_\_\_\_

**If married/divorced more than once, please provide the following information:**

Date Married	Date Divorced	Reason for Divorce

**Do you have any children?  Yes  No If yes, please provide the following information:**

Age of child	Sex of child	Who does the child live with?

**III. Education**

**Highest level completed: (If grade or high school, please list last grade completed)**

\_\_\_\_\_ Grade School \_\_\_\_\_ High School \_\_\_\_\_ GED \_\_\_\_\_ College \_\_\_\_\_ Graduate School

College attended (name and years attended) \_\_\_\_\_

Major/Minor \_\_\_\_\_ Degree \_\_\_\_\_ Post Graduate \_\_\_\_\_

Trade Schools (name and years attended) \_\_\_\_\_

Trade learned: \_\_\_\_\_ Graduated? Yes No Year: \_\_\_\_\_

Do you have any specialized training? Please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. Occupational Experience**

What is your usual occupation? \_\_\_\_\_ Years at trade: \_\_\_\_\_

Are you now working at that occupation?  Yes  No If no, why? \_\_\_\_\_

List other jobs you have held: \_\_\_\_\_

What occupation have you been trained for? \_\_\_\_\_ Last date worked at this: \_\_\_\_\_

Prior to your admittance to Dare Challenge were you working?  Yes  No If yes, where and what were you doing:

Please list your last steady job: \_\_\_\_\_  
*What* *Where* *How long*

Have you ever been fired for: Drinking \_\_\_\_\_ Drugs \_\_\_\_\_  
Explain: \_\_\_\_\_

Have you ever quit a job for: Drinking \_\_\_\_\_ Drugs \_\_\_\_\_  
Explain: \_\_\_\_\_

How many jobs have you held in the past five years? \_\_\_\_\_ Preferred type of work: \_\_\_\_\_

Please list any special skills you have (cooking, barber, printing, mechanic, etc.) \_\_\_\_\_

**V. Service Experience**

Are you a veteran?  Yes  No (If Yes, complete below, if No, go on to section VI)

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Time in Service \_\_\_\_\_

Date & Type of Discharge \_\_\_\_\_ Serial No. \_\_\_\_\_

If discharge other than Honorable, please explain: \_\_\_\_\_

Are you retired from service?  Yes  No If Yes, amount of retirement income: \$ \_\_\_\_\_

Do you have service connected disability?  Yes  No Disability income: \$ \_\_\_\_\_

What type of work did you do while in the service? \_\_\_\_\_

Were you ever court marshaled?  Yes  No If yes, why, when and results? \_\_\_\_\_

VI. **Medical Information**

What is the current state of your physical health?  Excellent  Good  Fair  Poor  Declining  
 Other (please explain):

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Usual Weight: \_\_\_\_\_ Recent Weight Changes: \_\_\_\_\_

List all major illnesses or operations you have had: \_\_\_\_\_

Are you handicapped in any way?  Yes  No If yes, type of handicap: \_\_\_\_\_

Do you now have, or have you ever had a communicable disease or illness?  Yes  No If yes, please describe:

Do you have tuberculosis?  Yes  No

Have you ever been hospitalized for alcoholism or drug addiction?  Yes  No

List any alcohol or drug related illnesses you have had:

What: \_\_\_\_\_ When: \_\_\_\_\_

What: \_\_\_\_\_ When: \_\_\_\_\_

What: \_\_\_\_\_ When: \_\_\_\_\_

Are you now taking medication?  Yes  No If yes, please fill out below:

What: \_\_\_\_\_ How often: \_\_\_\_\_ How long: \_\_\_\_\_

What: \_\_\_\_\_ How often: \_\_\_\_\_ How long: \_\_\_\_\_

What: \_\_\_\_\_ How often: \_\_\_\_\_ How long: \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please describe: \_\_\_\_\_

Have you ever attempted suicide?  Yes  No If yes, when and how? \_\_\_\_\_

Have you ever been treated at a psychiatric hospital or facility?  Yes  No If yes, please fill out below.

Were you committed \_\_\_\_\_ Voluntarily admitted \_\_\_\_\_ Dates: \_\_\_\_\_

Where: \_\_\_\_\_

Do you have health insurance?  Yes  No If yes, with whom? \_\_\_\_\_

Medicare ID #: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Will you sign a release of information so that we may write for helpful social, medical or psychiatric reports or information?  Yes  No

Please check your sexual orientation:  Heterosexual  Bisexual  Homosexual

Have you ever been or are you currently in a homosexual relationship?  Yes  No

**VII. Chemical Dependency**

Recent History of Use: What was your use of alcohol and/or drugs just prior to being admitted to Dare Challenge?

List alcohol or drug used	How much used each day?	How long have you used this?

**Drinking History**

What were the age and the circumstances of your first drinking experience? \_\_\_\_\_

What happened? \_\_\_\_\_

Have your drinking habits changed?  Yes  No If yes, describe: \_\_\_\_\_

What is your current drinking pattern? \_\_\_\_\_

Have you ever used substitutes for alcoholic beverages? (Mouthwash, hair tonic, extracts, etc)  Yes  No

If yes, please list: \_\_\_\_\_

Have you ever tried to quit or control your drinking on your own?  Yes  No If yes, describe: \_\_\_\_\_

When do you think you lost control of your drinking? \_\_\_\_\_

Have you ever had: Blackouts?  Yes  No ▪ Seizures?  Yes  No ▪ Hallucinations?  Yes  No ▪ DT's?  Yes  No

How do you usually behave when drinking? \_\_\_\_\_

What is your longest period of sobriety in the last two years? \_\_\_\_\_

**Drug History**

Which prescription medicines/drugs have you used? (circle all that apply) Tranquilizers, sleeping pills, pain pills, diet pills, nerve pills, Other: \_\_\_\_\_

Which non-prescription products have you used? (circle all that apply) Headache tablets, powders, cough syrups, antihistamines, Nytol, Compoz, Other: \_\_\_\_\_

**Please list all street drugs used including marijuana:**

Drug	How much used	How often used



**IX. Religious Background**

Are you a church member? Yes No Have you ever been a church member? Yes No

What denomination? \_\_\_\_\_ When? \_\_\_\_\_

Pastor's name: \_\_\_\_\_ How often did you attend? \_\_\_\_\_

Church name and address/phone number: \_\_\_\_\_

Are you a religious person? Yes No Did you attend church as a child? Yes No

How often do you read the Bible? \_\_\_\_\_ Have you been baptized? Yes No

When did you last attend church on a regular basis? \_\_\_\_\_

Do you ever pray? Yes No If yes, when? \_\_\_\_\_

Are you saved? Yes No Not Sure If yes, when? \_\_\_\_\_

If married, what is your wife's religious background: \_\_\_\_\_

\_\_\_\_\_

# Outer Banks Dare Challenge Student Agreement Regarding Assignment in Work Therapy Program

I acknowledge that I have read the Outer Banks Dare Challenge (hereinafter referred to as OBDC) statement regarding the necessity of work assignments as part of my overall recovery program at the OBDC. I fully agree with OBDC's statement regarding the importance of my work assignments in helping to build in me, Biblical values of a good work ethic and the character of a responsible, upright individual. I understand that I will benefit, to further my spiritual growth and maturity, character development, recovery from controlled substances and readiness to go back into the workplace. I do not expect any compensation or in-kind benefits for the performance of any work assignment. My performance of a work assignment is not a condition of my receipt of room and board from OBDC. If I fail to perform my work assignments, OBDC may revoke my status and privileges as a student, not because the performance of work assignments is consideration for my receipt of such status and privileges', but because my participation in the Work Therapy Program is vital to my recovery and my overall participation in OBDC's student program.

As evidence of my understanding regarding the purpose of the work assignments, I agree that:

- (1) I will not execute any agreement with the entity or person that will be providing immediate supervision over my work assignment;
- (2) I will not file any claim or take any action individually or with others for recovery of wages in conjunction with my work assignment.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Staff



# Outer Banks Dare Challenge Student Agreement Regarding Fees and Voluntary Financial Support

I acknowledge that I have made application for admission into the program of Outer Banks Dare Challenge (hereinafter referred to as OBDC). This is my written acknowledgement of my awareness of the applicable fees or costs that I will be solely responsible for as well as any voluntary financial support that may be required of me if applicable.

1. I understand that I am responsible for the Intake Fee of eight hundred dollars (\$800.00) and that this fee is non-refundable once paid regardless of my entrance into the program formally or my failure/inability to complete the program for any reason.
2. I understand that any and all costs for medical bills (health providers, dental and eye care, emergency room care, prescriptions and medications, etc.) regarding my own personal health care and health related issues will be solely my responsibility to pay.
3. I understand that there may be a transportation fee for any personal transportation that I may need IOBDC to provide me while in the program. This includes transportation to any non-emergency medical appointments, transportation to public transportation (airport, bus terminal, etc) for approved passes, and transportation to the same for return to an induction center, other referral source, or my final departure from the program. I agree to pay OBDC all transportation fees in advance of appointments being made or travel plans being executed.
4. I understand that I will be expected to apply for Public Assistance benefits that I may be entitled to while enrolled in the OBDC program if the particular center I attend is privileged to such government programs. I will consent to contribute 100% of all Food Stamp Benefits to OBDC monthly.
5. I understand that any other sources of income I receive while enrolled in the OBDC program (disability benefits, pension/retirement benefits, insurance settlements, income tax returns, liquidated assets, benevolence assistance, etc.) will be subject to my willful contribution to OBDC up to the equivalent amount of total public assistance benefits I would have been entitled to were it not for these other sources of income. I will surrender the specified amount to OBDC monthly.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff

# Outer Banks Dare Challenge

## Limited Consent For Release of Confidentiality

I, \_\_\_\_\_, hereby authorize Outer Banks Dare Challenge, hereinafter referred to as OBDC, to acknowledge my presence in this program to persons inquiring about me. Further, I hereby authorize OBDC to use photographs and/or videos of me and testimonies by me in any printed material or electronic form they may publish, including but not limited to newsletters, websites and video presentations. Additionally I authorize OBDC to use my full name at public meetings as the need arises.

I understand that this authorization extends only to those specific privileges listed above. Furthermore, I understand that no authorization has been herein extended pertaining to the release of data pertaining to any area of confidentiality as specified in Federal or State statutes, except as I myself might make public by my own comment in a testimony, written or spoken. It is understood by all parties consenting to this agreement that this authorization will expire on that day that I withdraw from OBDC program, whether by graduation, dismissal or voluntary withdrawal, except that the publication of my photographs, videos and testimonies specified above are exempt from this agreement and remain the property of OBDC.

The doctrine of informed consent has been explained to me and I understand that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary.

I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Staff

# Outer Banks Dare Challenge Civil Rights Waiver Acknowledgment

I, \_\_\_\_\_, understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. Outer Banks Dare Challenge is an evangelical Christian discipleship ministry for people with life controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life controlling problems, I understand staff will regulate and monitor my communications for a period of time to be solely determined by staff.

I voluntarily give my consent allowing staff to exercise these procedures.

I fully understand my rights and what I am waiving.

I understand that I can leave and withdraw from the program at any time.

I do, hereby, warrant that I am of full age and have every right to contract in my own name and that I have the capacity to understand my actions. I also waive all rights I possess to sue OBDC for damages arising out of this discipleship program which I am requesting to be enrolled into administered by Outer Banks Dare Challenge.

This waiver shall be administered at the time of admission or as soon thereafter as the student is capable of rational communication.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Staff

# Outer Banks Dare Challenge Tobacco Use Policy

Jesus said that He had come "...to set the captive free and the opening of the prison to them that are bound."  
Isaiah 61:1

The reason smoking and all tobacco use is not permitted at OBDC is because nicotine is a drug, a very powerful and addictive drug. Many men have said that giving up cigarettes has been the most difficult part of the program. Nicotine is the leading cause of death in the United States today.

Research has shown us that the vast majority of those who either leave the program before completing it and/or relapse into drugs again, began the relapse process by returning to smoking cigarettes. Nicotine is a mind-altering, addictive, life-threatening drug.

One of our goals is to help you develop a lifestyle that will perpetuate good spiritual, mental and physical health. That means helping you change from the old lifestyle patterns of addictions, habits and behaviors.

**PLEASE ACCEPT THE FACT THAT SMOKING AND/OR ANY USE OF TOBACCO PRODUCTS IS NOT PERMITTED  
HERE.**

I \_\_\_\_\_, agree not to smoke or use tobacco in any form while in the OBDC program.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Staff

# Outer Banks Dare Challenge Mail Restrictions

While a student at Outer Banks Dare Challenge, your mail is subject to censorship. This is for your own protection while a student at OBDC.

All mail is subject to:

1. Censorship of outgoing and incoming mail.
  - a. All mail, outgoing and incoming, will be read by a member of the Dare Challenge staff.
  - b. Upon the staff member's discretion, mail will be censored or totally confiscated.
  
2. Purpose of restrictions
  - a. To protect students from illegal contraband such as drugs and money.
  - b. To maintain good moral covering over student's growth and emotional well being.

I, \_\_\_\_\_ hereby agree to all the statements above and waive my rights to mail privacy on all outgoing and incoming mail.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# Outer Banks Dare Challenge

## Release of All Rights in Personal Story

I do hereby irrevocably authorize OBDC and those acting under its permission and on its authority, to use and publish for any lawful purposes whatsoever, my personal story which I have related to OBDC in whole or in part, including any photographs or videos of myself.

I hereby waive any right that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release and discharge Outer Banks Dare Challenge, its successors and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced and publishes for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name in the above regard and further, that all of the information in my personal story was obtained from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release prior to its execution, and that I am fully familiar with the contents thereof.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# Outer Banks Dare Challenge Abuse Reporting Policy

## Notification of Students

During the orientation process at Dare Challenge, each student will have the definitions of abuse explained to him by the Intake/Counseling Coordinator. Also the student will be made aware of the State Reporting policy that we follow:

1. OBDC is not responsible to report abuse of a student if that abuse occurred prior to adulthood (18 years old). It is solely the choice of the student to pursue any criminal charges against an abuser if he is an adult.
2. OBDC must report to state authorities any admitted acts of abuse committed by a student in the program toward a minor. This includes abuse that occurred prior to the student entering our program.
3. OBDC must report to state authorities any abuse that has occurred to a minor under the age of 18 years old.
4. At this time, also the student will be told who are appropriate counselors for this difficulty, and encouraged to wait until Family Relationships is addressed in Personal Studies on Contract Four before they disclose any past abuse they have suffered (See Responsible Staff). Finally they will be strongly discouraged from opening talking about abuse in churches, groups, etc. until they have spoken to an appropriate counselor.

## Abuse Defined

**Emotional Abuse** is an act of verbally attacking a child by harsh threatening, ridiculing, humiliating, blaming and rejection by caregivers.

**Physical Abuse** is physical mistreatment that is not accidental. It causes injuries and communicates condemnation, not discipline.

**Sexual Abuse** is sexual contact between a child and an adult, (or between a younger children and an older adult) for the sexual gratification of the adult (or older child). It can include physical contact, (clothed and unclothed), actual penetration, fondling, genital exposure, sexually explicit speech, inappropriate sexual behavior toward a child and showing pornography to a child.

## Reporting Abuse

OBDC complies with all statutes as prescribed by the state of North Carolina including the following:

There is no clergy privilege in reports of abuse

The staff is required to report all abuse of juveniles to the Executive Director or his designee for reporting to the State Authorities;

## Reporting Procedure

Any staff member or volunteer who has any knowledge of an alleged incident involving acts or omissions which may constitute abuse, neglect, or exploitation shall make an immediate verbal report to the Executive Director or his designee.

Any alleged incident shall be handled in accordance with State and/or Local laws. There exists mandatory reporting of alleged abuse in North Carolina. This includes situations where the student is the abuser.

The staff member or volunteer shall submit a written incident report to the Executive Director or his designees within 24 hours, who shall inform North Carolina Division of Social Services in Dare County.

**Responsible Staff**

As a policy of OBDC, only program staff that is licensed ministers, or competent counselors (holding psychological or counseling degrees) will counsel students who are dealing with abuse issues. Therefore only Senior Program staff should counsel a student on abuse issues that he may be facing. All other staff members must immediately report any disclosure of abuse to the Director. All counseling will be handled through the Director.

I, \_\_\_\_\_ (print your name) affirm that I am at least 18 years of age.

My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_.

I fully understand that OBDC will address the issue of abuse during my training at their facility.

I have read and fully understand that if I as an adult, disclose that I have abused a minor any any time prior to my entrance into OBDC, that a staff my report said abuse to the proper authorities.

I also understand that if I divulge that I myself have been abused as a minor, it is my choice to report that abuse to the proper authorities.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



# Outer Banks Dare Challenge Emergency Release Form

In case of accident resulting in bodily injury or illness or emergency, I \_\_\_\_\_ (print your name) hereby authorize any Dare Challenge staff person to administer proper treatment and transport me to a hospital or health clinic.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# Outer Banks Dare Challenge Release of Liability

This will certify that I, \_\_\_\_\_ (print your name), a resident at Outer Banks Dare Challenge residential treatment program for substance abusers, for an in consideration of the treatment and services given to me while a resident at OBDC, do hereby release the officers, directors, and employers, severally and individually, from any and all liability of any kind that may result, directly or indirectly, by reason of any accidents resulting or growing out of my stay at Outer Banks Dare Challenge, and hereby waive any and all rights of action of said treatment and services awhile at OBDC.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date Print

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# **Addendum to Student Application**

## **Outer Banks Dare Challenge Christian Conciliation and Arbitration Agreement**

The undersigned parties enter into this Agreement as an essential condition of participation in the Dare Challenge Program.

The undersigned parties accept the Bible is the inspired Word of God. They believe that God desires that they resolve their disputes with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6: 108, Matthew 5:23-24, and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that if any dispute or controversy that arises out of or is related to this agreement is not resolved in private meetings between the parties pursuant to Matthew 5:23-25 and Matthew 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation (Rules)* of the Association of Christian Conciliation Services.

The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Please sign and date below to indicate your full acceptance and understanding of this agreement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Staff