



Health Release Form – New Participant Retreat

Retreat Information

Retreat Date	/ /	Retreat Location	
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Attendee's Full Name:

Medications	
Allergies	
Chronic Issues (i.e. Diabetes, HBP, etc)	
Physical Restrictions and/or Needs	
Emergency Contact Name:	Phone:

Physician Information

Dear Physician,
 The patient named above has applied to attend a ___ One or ___ Two and one-half day retreat as a ___ Participant or ___ Volunteer. The retreat is conducted by Reeling & Healing Midwest, a non-profit organization that provides fly fishing wellness retreats for women recovering from cancer. Attendees are eligible to attend if physically capable to meet the criteria.

Please complete, sign and return this form to the address or fax below. If you have any questions, phone 616-855-4017.

I acknowledge the named patient is a reasonable candidate to participate/volunteer and meets the criteria checked below.

Physician Signature		Date	/ /
Print Name & Title		Phone	
Address			

Physical Requirements and Signature

Instruction for Participant or Volunteer: Please check the appropriate box below and initial.

PARTICIPANT - The retreat includes instruction in fly casting by trained instructors and discussions led by professional facilitators. Participants will need to tolerate at least one hour sitting or standing on level and unlevel ground, on land and in a stream. They must be able to ascend and descend 20 stairs at least three times daily and wade/walk in a stream with stability or assistance. Rest periods are encouraged when needed. The ability to verbally communicate needs is required. Dietary requests may be met if requests are made in advance.

VOLUNTEER - Volunteer must be able to ascend and descend 20 steps of stairs more than ten times per day, climb up and down an outdoor trail and river/stream bank, wade comfortably with stability for extended periods of time in a river or stream, capable of walking by self on even and uneven terrain, able to sit or stand for periods of time, lift and cast a fly rod, have good verbal and non-verbal communication skills, lift and move objects and boxes from 5lbs-40lbs through the duration of the retreat, and securely assist and, if guiding, support an individual of up to 165lbs in the river.

OPT OUT: I acknowledge I am a reasonable candidate to participate as a participant or volunteer at a Reeling & Healing Midwest retreat and have opted to not obtain my physician's authorization. NOTE: RHM reserves right to request physician approval at any time.

Attendee Signature		Date	/ /
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Submitting Form

One of the following methods may be used to return the completed form:

Mail: Reeling & Healing Midwest c/o Retreat Coordinator (C. Sero) 540 N. Dearborn St., P.O. Box 10469, Chicago, IL 60610-1027	Scan/e-mail: info@FishOn.org OR info@ReelingandHealing.org Fax: 480-247-4964
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