

This form must be printed, filled out completely, and returned as described below. Thank You



**Health Release Form
For Use by ALL Volunteers and Reunion Retreat Participants**

Retreat Information			
Retreat Date(s)	/ /	Retreat Location(s)	
Retreat 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. <u>If you have any questions, phone 616-855-4017.</u>			
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 – Without assistance, participant must be able to ascend and descend stairs, 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, and be capable of walking by self on even and uneven terrain. Participant will need to tolerate sitting or standing for periods of time, lift and cast a fly rod, and verbally communicate needs.			
___ VOLUNTEER - Volunteer must be able to ascend and descend stairs several 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.			
<input type="checkbox"/>	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. I understand RHM reserves right to request physician approval at any time, access my abilities onsite, and limit/prohibit participation as necessary.		
Attendee Signature		Date	/ /
Submitting Form			
One of the following methods may be used to return the completed form:			
Mail:	Reeling & Healing Midwest c/o Retreat Coordinator (Sero) 540 N. Dearborn, P.O. Box 10469, Chicago, IL 60610-1027	Scan/e-mail:	info@FishOn.org or info@ReelingandHealing.org
		Fax:	480-247-4964

