



## Health Release Form – New Participant Retreat

### Retreat Information

Retreat Date	/	/	Retreat Location	
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### Attendee Information

Full Name	
Medications	
Allergies	
Physical Restrictions and/or Needs	

### 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 will be met if possible, when requests are made in advance.

**VOLUNTEER** - A volunteer must tolerate sitting and standing for periods of one to two hours on level and unlevel ground, on dry land and in the stream. They must be capable of ascending and descending 20 steps more than ten times per day and lifting/moving supplies weighing between five to forty pounds. River guides must be able to securely assist and support an individual up to 150 lbs in the river, lift and cast a fly rod and have good verbal and non-verbal communication skills.

**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.

Attendee Signature		Date	/	/
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### Submitting Form

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

<b>Mail:</b> Reeling & Healing Midwest c/o Retreat Coordinator (Sero) 1400 N. State Pkwy, #8A, Chicago, IL 60610	<b>Scan/e-mail:</b> info@FishOn.org or info@ReelingandHealingMidwest.org  <b>Fax:</b> 480-247-4964
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