



## Health Release Form – Reunion Retreat

Retreat Information			
Retreat Date	/	/	Retreat Location

Retreat Attendee Information	
Full Name of Participant/Volunteer	
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			
<b>Instruction for Participant or Volunteer: Please check the appropriate box below and initial.</b>			
___ <b>PARTICIPANT</b> – 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 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.			
___ <b>VOLUNTEER</b> - 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 support an individual of up to 150lbs in the river (if guiding).			
<input type="checkbox"/>	<b>OPT OUT:</b> 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	/ /

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
	Fax: 480-247-4964		