Sagefire Institute™
NURTURE YOUR TRUE NATURE

Medical Release & Emergency Contact

NOTE: If you have any medical condition that we should be aware of, it is your responsibility to let us know of the existence or any change in condition prior to start of any program. The information will be held in confidence and used only to render assistance should the need arise.

Name_____
Address _____
Phone h_____c_____
Email_____
Emergency Contact Person: _____
Phone ( ) _____
Emergency Contact Person: _____
Phone ( ) _____

1. Do you wear: Contact lenses? _____ Hearing aid? _____ Glasses? _____
2. Have asthma of any sort? _____ if yes, describe inducers and past hospitalizations

_____

3. Have heart problems of any sort? _____ if yes, describe

_____

4. Have high/low blood pressure? (circle one) if yes, describe

_____

5. Have any physical disabilities or limitations, such as past or existing injuries, that we should be aware of?

_____

6.Currently on any medication? _____ if yes, please list:

Medication	**Dosage/Frequency**	**Side Effects**

7. Please check all allergies:
Medication (e.g. penicillin, aspirin) YES NO _____
Foods (e.g. peanuts, shellfish) YES NO _____
Plants (e.g. poison ivy, nettles) YES NO _____
Insect Bites (e.g. wasps, bees, spiders) YES NO _____
Please list any other allergies:_____
Please list **dietary restrictions** (e.g. vegetarian, gluten free) _____

8. Name of Health Insurance Carrier: _____
Group Plan #_____

Provided emergency contacts cannot be reached within reasonable time, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that I am responsible for all charges in connection with care and treatment rendered during this period. I recognize that wilderness environments are inherently unpredictable, and that some physical dangers may exist. I assume liability for my actions in nature, and indemnify Sagefire Institute/FFWP, Inc. from any damages incurred during participation in any Sagefire Institute/FFWP, Inc program. I hereby give consent to be photographed and video recorded during retreats/ workshops and said images may be used for marketing purposes including but not limited to website, newsletters, and print. I agree that photographs/video recordings taken of me shall remain the sole property of Sagefire Institute/FFWP. Inc. I hereby release Sagefire Institute/FFWP, Inc. from any and all claims whatsoever in connection with the use, reproduction, publication of the images thereof.

PARTICIPANT SIGNATURE _____ PRINT NAME _____ DATE _____