**Wilderness Fast ~ Vision Quest**

**Registration & Health Information**

Filling out this form completely and accurately is the first step in taking care of yourself on the journey. Please complete every item on the form. All information you provide will remain confidential.

**Dates of Program: Thursday, September 14 - Sunday, 24, 2017**

**Program Location: Mojave Desert at Joshua Tree, CA**

**Personal Information**

**Name:**

**Date of Birth:**

**Address:**

**Phone number:**

**Email address:**

**In Case of Emergency**

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group/Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your doctor know you are going to participate on this retreat? Yes or No (circle one)

Does your emergency contact person know you will participate? Yes or No (circle one)

**Health Information**

1. **Are you currently under medical care? Yes or No (circle one)**
   1. **If yes, please describe and list any medications you are taking:**
2. **Do you have any physical limitations that would cause restrictions? Yes or No (circle one)**
   1. **If yes, please describe:**
3. **Do you have any allergies (include medicines, food, bites, stings)? Yes or No (circle one)**
   1. **If yes, please describe:**
4. **Please describe any past and present medical conditions/issues.**
5. **Please list any hospitals or emergency room visits in the past 2 years.**
6. **Have you been in counseling with a psychiatrist, psychologist or other counselor within the past 2 years? Yes or No (circle one)**
   1. **If yes, please describe (in a few words) reason for counseling.**
7. **Are you currently in counseling or treatment? Yes or No (circle one)**
   1. **If yes, please describe (in a few words) reason for counseling.**
8. **Please add anything else you feel we should know or consider regarding your full participation.**

The information on the preceding pages is a complete and accurate statement of my past and present health condition, and I have included all physical and psychological factors that may affect my participation in a Unity Rising retreat or journey. I realize that failure to disclose such information could result in serious harm to myself and/or fellow participants. I agree to notify Unity Rising should there be any change in my health status prior to the start of the retreat or journey.

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Participant’s Signature Date

**PLEASE CONTINUE TO NEXT PAGE FOR RELEASE FORM**

**PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK**

In consideration of the services of Kristin Powell, Unity Rising, Annette Beerens, and Changing Colors, and any of the associated agents, volunteers, participants, employees, and all other persons or entities acting in any capacity on her behalf (herein collectively referred to as “UR/CC”), I hereby agree to release, indemnify and discharge UR/CC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1). I acknowledge that hiking, camping and backpacking entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** Slipping and falling, falling objects, water hazards, exhaustion, exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, or dehydration; and exposure to potentially dangerous wild animals, insect bites and hazardous plant life; accidents and illness which can occur in remote places without medical facilities and emergency treatment and or other health services; consumption of food or drink; equipment failure, improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, UR/CC instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant’s fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2). I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3). I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless UR/CC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of UR/CC’s equipment or facilities, including any such Claims which allege negligent acts or omissions of UR/CC.

4). Should UR/CC or anyone acting on their behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5). I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6). In the event that I file a lawsuit against UR/CC, I agree to do so solely in the state of Missouri, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effective.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against UR/CC on the basis of any claim from which I have released UR/CC herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for being responsible for your own safety!

We look forward to being with you.