

# "The Nature of Bliss" Mountain Yoga Retreat

## with Allison Modafferi & Kellie Daniel

### Medical Release Form

A medical history of each participant is required, in case of an emergency.  
This form will remain private and will not be shared with any individual or agency,  
unless an emergency arises and this information is needed for emergency medical services.  
Please complete this form as accurately as possible.

Thank you!

**Participant Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

#### **Emergency Contacts**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

phone\_(\_\_\_\_) \_\_\_\_\_ phone\_(\_\_\_\_) \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

phone\_(\_\_\_\_) \_\_\_\_\_ phone\_(\_\_\_\_) \_\_\_\_\_

#### **Medical History**

Have you had any muscular or skeletal conditions (joints, back, surgeries, etc.) that may affect your ability to participate in yoga, hiking, or other mountain retreat activities? No / Yes, please explain:

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Do you have any medical conditions that Allison and Kellie need to be aware of, such as diabetes or asthma? Do you use an inhaler? No / Yes, please explain:

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Do you have any allergies to medicine, seasonal allergies, bee stings or food? No / Yes, please explain:

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Do you have a heart condition? Have you ever had a heart attack? No / Yes, please explain:

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What medicines are you currently taking? Please give the name and reason for taking the medicine.

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Please note: The use of medication is solely the choice and responsibility of each participant, regardless of the source of medicine. (initial) \_\_\_\_\_

I (print name ) \_\_\_\_\_ have read this form and have completed the medical information to the best of my knowledge, and I am solely responsible for providing accurate information.

Signature \_\_\_\_\_ Date \_\_\_\_\_