

Bend of Ivy Mountain Yoga Retreat

with Allison Modafferi

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:

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

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

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

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

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 completed this form to the best of my knowledge and am solely responsible for providing accurate information.

Signature _____ Date _____