

TRAVELER PROFILE

Medical Profile

During your trip, you will be exposed to circumstances and living conditions that are likely to differ from those at home. Our programs involve a variety of activities that may include physical activities. The level of participation in a program activity is at all times completely up to the individual. It is possible that you may suffer an emotional or physical injury and /or disability. There is a risk, which must be assumed by each participant.

By giving WEJ/Thomas L. Kelly a deposit for a trip and signing below, you are certifying that you do not have any physical or other condition, which would create a hazard for yourself or other travelers. It is essential that WEJ be informed in writing below of any medical condition you might have which requires regular treatment or which may be affected by vigorous activity, high altitude, heat, cold or other natural phenomenon or particular foods. This information is kept confidential and is available only to trip leadership/Thomas L. Kelly. And Carroll Dunham. If your trip requires a doctor's statement of adequate health an additional form will be mailed to you.

1.) Do you have any limitations to participating in normal group activities (i.e., walking, climbing steps)?

Yes No (If yes, identify and explain:)

2.) Do you have any allergies or reactions to medication?

Yes No. (If yes, identify and explain:)

3.) What prescribed medications, if any are you currently taking and for what condition?

4.) Are you currently under the care of a medical professional?

Yes No (If yes, a medical release must be provided by your doctor.)

5.) Do you have any restrictions or food preferences in your diet?

Yes No (If yes, give details:)

6.) Is there any other medical conditions which might affect your ability to participate in this trip?

7.) Do you smoke?

Yes No

8.) Do you snore?

Yes No I don't know

Medications & remedies that you will be bringing:

Health Insurance: _____

Group #: _____

Last medical visit (date and doctor): (___/___) _____

Last medical check-up (date and doctor): (___/___) _____

Last tetanus shot (date): ___/___

Your doctor: _____

Medical Group: _____

Hometown/Phone: () _____

Contact in case of emergency: _____

Relationship: _____

Hometown/Phone: () _____

Does this person know you are participating in this journey?

Y / N

This information is accurate and complete. I agree to cooperate with Upaya to design my wilderness practice and pilgrimage with full consideration of my health history and health concerns.

Signed: _____

Date: _____

Name (print): _____

Person who will be available to contact in case of emergency:

Name: _____

Relationship: _____

Phone: _____

Fax: _____

Release of Liability

I understand that parts of this journey may be physically and/or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness or ability to participate in activities. I recognize the inherent risk of injury or disability in activities. I understand that each participant must assume the risk of physical injury that could result from any of the activities, including horse riding. I understand that a participant may choose not to participate in any of the activities. I understand that the program is flexible, and may change due to cultural, weather, or other reasons. I release Wild Earth Journeys/Thomas L. Kelly/Carroll Dunham and it's staff, and the staff of any sponsoring organization from all liability for any injury or tort, implied or otherwise, to me from participation in a journey planned by Wild Earth Journeys.

Traveler's Signature _____ Date: _____

Please Print name _____

Best Regards,
Thomas L. Kelly
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