

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, Carroll Dunham a deposit for a trip and signing below, you are certifying that you do not have any physical or other conditions, 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. If your trip requires a doctor's statement of adequate health an additional form will be mailed to you.

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

Yes No (If yes, identify and explain)

Do you have any allergies or reactions to medication?

Yes No (If yes, identify and explain)

List prescribed medications you are currently taking and for what conditions?

Are you currently under the care of a medical professional?

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

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

Yes No (If yes, give details.)

Do you have any other medical conditions which might affect your ability to participate in this trip?

Do you smoke?

Yes No

Do you snore?

Yes No I don't know

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 and its 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 _____

MEDICAL INFORMATION FORM

To be prepared for medical emergencies during our time together, we require all participants to supply the following information. Although we treat this information as confidential, we will encourage you to share information about pre-existing conditions and any personal concerns with others in your group, so they can help you in the best way possible in any emergency.

Name: _____

Age: _____

Height: _____

Weight: _____

Please circle any of the following that apply, giving details in the space provided or on the back of this sheet:

Current medications:

Since _____

Allergies (including insect bites/stings):

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Hypoglycemia:

Since _____

Altitude sickness:

Yes No

Susceptibility to headaches:

--

Hospitalized in the last year? If yes why?

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Appendicitis:

Date: _____

Diabetes:

Yes No

Epilepsy:

Yes No

Heart problems/Blood pressure:

Yes No

Kidney disease:

Yes No

Current medication:

Yes No

Back, knee or other joint injuries? If yes, when?

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Counseling history:

Yes No

Other concerns:

--

Your degree of fitness (in your own words):

Dietary preferences:

Medications/remedies you would like us to add to the First Aid kit:

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?

Yes No

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): _____