WILDERNESS THERAPY TRAINING

Name:_____ Age:_____

Profession:_____

Address:_____

Contact Number(s): (_____)_____(_____)_____

E-mail address:_____

Where did you hear about EARTHWALKER ? ☐ Internet ☐ Brochure ☐ Friend/Family ☐ Other_____

Level of Wilderness Experience: (please circle the appropriate number which best describes you)

1 = Beginner, virtually no wilderness experience…I have gone on a few day hikes but never camped before
2 = Very little wilderness experience…I hike now & then & occasionally go "car camping"
3 = Fair amount of wilderness experience…I routinely hike and occasionally go on backpacking trips
4 = Plenty of wilderness experience…I routinely go on backpacking trips/multiple day

Level of Fitness/Conditioning: (please circle the appropriate number which best describes you)

1 = I do not exercise regularly.
2 = I exercise one to two times a week for thirty minutes each time.
3 = I am a competitive athlete and train regularly.

Health Information will be kept confidential. Place a mark in the box "Yes" or "No" if you have any of the following:

Allergies:	☐ Yes ☐ No	**If so, please state allergies(s):**	_____
Asthma:	☐ Yes ☐ No	**If so, are you packing medication into the field ?**	☐ Yes ☐ No
Back pain:	☐ Yes ☐ No		
Chemical Dependency:	☐ Yes ☐ No		
Diabetes:	☐ Yes ☐ No	**If so, are you packing medication into the field ?**	☐ Yes ☐ No
Epilepsy:	☐ Yes ☐ No	**If so, are you packing medication into the field ?**	☐ Yes ☐ No
Heart Condition:	☐ Yes ☐ No	**If so, are you packing medication into the field ?**	☐ Yes ☐ No
High Blood Pressure:	☐ Yes ☐ No	**If so, are you packing medication into the field ?**	☐ Yes ☐ No
Psychiatric Care:	☐ Yes ☐ No	**If so, are you packing medication into the field ?**	☐ Yes ☐ No
Stroke:	☐ Yes ☐ No	**If so, are you packing medication into the field ?**	☐ Yes ☐ No
Suicidal Tendencies:	☐ Yes ☐ No		
Additional condition(s):	_____		

Emergency Contacts: (please list two)

Name:_____ Relationship:_____

Contact(s): (_____)_____ (_____)_____

Name:_____ Relationship:_____

Contact(s): (_____)_____ (_____)_____

PHOTO RELEASE:

I give, without cost, to Earthwalker LLC full rights and license to use all photo/video images of me obtained during this activity for marketing/media purposes. ☐ **Yes** ☐ **No**

* Please note that Earthwalker LLC has a policy requiring abstinence from alcohol & drugs during events. By signing this form, I agree to abide by this policy.

Signed:_____ Dated:_____