

Organization Name: \_\_\_\_\_

Address \_\_\_\_\_

Contact Info: \_\_\_\_\_

**MINDFULNESS-BASED ECOTHERAPY PROGRAM  
PARTICIPANT RELEASE FORM  
Medical History**

Please fill out this form thoroughly and completely. We will use the information provided to plan a safe and enjoyable experience for you. This also serves as a helpful reminder to you of physical precautions and care you may need to take because of previous injuries and other physical conditions. Any information disclosed on this form will remain confidential.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male      Female      Non-binary      Prefer not to disclose

DOB: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Dates: \_\_\_\_\_ to \_\_\_\_\_

Facilitator/Instructor: \_\_\_\_\_ Contact info: \_\_\_\_\_

**Medical Information of Participant**

Participant's Blood Type (if known): \_\_\_\_\_

Participant's Height: \_\_\_\_\_

Participant's Weight: \_\_\_\_\_

Participant's Allergies (describe reaction):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Specific Dietary Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Current medications (name, dosage, reason for taking):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special conditions you are aware of or have been told by a physician that we should be aware of (i.e. injuries, medical diagnosis, past surgeries, arthritis, asthma, heart disease, high blood pressure, pregnancy, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that I have read and understand the contents of the **Participant Release Form Medical History** and I am signing this as a free and voluntary act, and have been given the opportunity to have any questions answered about this section.

Initials of participant or participant's authorized representative \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address \_\_\_\_\_

Contact Info: \_\_\_\_\_

## **MINDFULNESS-BASED ECOTHERAPY PROGRAM CLOTHING & SUPPLY LIST**

Please take into consideration the climate of the environment and any potential adverse weather conditions, as well as the wide variety of activities you will be participating in. We strongly recommend wearing older clothes or clothing that you don't mind getting dirty or worn. While we respect the rights of the individual to express themselves through their choice of attire, we also respectfully request that participants refrain from wearing items that might be provocative or controversial in nature, including clothing with political, religious, or other provocative topics. The instructor(s) reserves the right to enforce a dress code that reflects the character values of caring, respect, and responsibility in the community of participants. This includes restrictions on wearing items that might offend others.

### **Personal Items**

Since the Mindfulness-Based Ecotherapy program and its representatives are unable to assume responsibility for loss and/or damages to the personal property of participants, please use careful consideration of what you bring to sessions and activities. Every attempt is made to return lost items whenever possible so labeling items is a huge help. There will be a lost and found area during each activity as well.

No electronic devices, please! The purpose of these activities is to foster connections to nature. The Mindfulness-Based Ecotherapy program focuses on allowing participants the experience of onatural settings free of distractions and annoyances brought by electronics. Please do not bring cell phones, mp3 players, game systems, etc. to sessions. The one exception is digital cameras that are not also phones or mp3 players. If you need a cell phone for emergency purposes, please make sure it is set to 'vibrate,' and if there is an emergency phone call, please quietly exit the group area to take the call. Repeat offenders of this rule may be asked by the instructor to leave the group area so as not to disturb other participants. No refunds will be granted for repeat violators of this rule who are asked to leave the group area(s)

### **PACKING LIST RECOMMENDATIONS**

Below is a list of clothing and personal items that we recommend you bring per session. Feel free to adjust, taking your personal preferences into account. No laundry opportunities are available.

- Items are comfortable and well used – do not wear nice new clothing.
- A backpack or other easy-to-carry sack or pack for course materials and personal items
- Light jacket, sweat shirt, fleece jacket or sweater in case of inclement weather - check your local forecast or consult with instructor prior to each class for weather updates
- Hat, baseball cap or other head covering
- Poncho, raincoat and/or rain gear
- Tennis shoes or hiking boots
- Sport/water sandals if your instructor has informed you that wading or water activities will be on the agenda
- Hand wipes or a small hand towel

- Writing utensils (pen, pencils, small notebook)
- Water bottle (hard plastic preferred) and enough water to stay hydrated for at least 90 minutes
- Sun Screen and/or sun block
- Any first aid items you wish to bring (allergy medications, small bandages, insect repellent)
- Headlamp or flashlight if activities will be conducted during the evening hours
- Yoga mat, blanket or seat cushion for sitting on the ground
- Healthy snacks (granola, trail mix, etc.)

**DO NOT BRING**

The following items should NOT be brought to Mindfulness-Based Ecotherapy sessions and activities:

- Expensive clothing or any clothing you don't want to be stained or possibly worn or torn
- Weapons of any kind (knives, firearms, axes, bows & arrows, etc.)
- Electronic Devices: iPod, MP3 Players, Cell Phones, Video Games, drones, any other personal entertainment devices (exception is digital cameras that are not also phones or mp3 players)
- Fireworks, matches/lighters or any hazardous or flammable materials
- Alcohol
- Non-prescription (illegal) drugs, drug paraphernalia
- Skateboards, roller skates, roller blades, scooters or any motorized vehicle
- Flip-flops or sandals
- Jewelry/Valuables
- Cash (unless bringing for adventure trips where payment is necessary)
- Pets (even on a leash - if you have an animal assistant, please give a copy of your certification of need to your instructor prior to bringing the animal to workshops)
- Anything that you would be upset if it became: scratched, stained, battered, broken, lost or unrecognizable

I declare that I have read and understand the contents of the **Mindfulness-Based Ecotherapy Program Clothing and Supply List** and I am signing this as a free and voluntary act, and have been given the opportunity to have any questions answered about this section.

Initials of participant or participant's authorized representative \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address \_\_\_\_\_

Contact Info: \_\_\_\_\_

## **MINDFULNESS-BASED ECOTHERAPY PROGRAM PARTICIPANT RELEASE FORM**

### **Medical Services Permission Release**

During participation in the Mindfulness-Based Ecotherapy program, the instructor of the course, its agents, volunteers, and employees are hereby authorized to provide and secure any first aid medical services, and authorize the emergency treatment of any injury or illness as in its judgment is necessary or advisable for me or my child. I declare that I have read and understand the contents of the **Medical Services Permission Release** and I am signing this as a free and voluntary act, and have been given the opportunity to have any questions answered about this section.

Initials of participant or participant's authorized representative \_\_\_\_\_ Date: \_\_\_\_\_

### **Photo/Video Release**

I hereby grant the Mindfulness-Based Ecotherapy program permission to take photographs, video recordings, and/or sound recordings of myself and/or my child. I grant the program permission to use these photographs and/or videos for educational and promotional purposes in manuals, on flyers, on the internet, or in any other manner deemed necessary by the Mindfulness-Based Ecotherapy Program and its agents. I declare that I have read and understand the contents of this **Photo/Video Release**, and I am signing this as a free and voluntary act, and have been given the opportunity to have any questions answered about this section.

Initials of participant or participant's authorized representative \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (printed): \_\_\_\_\_ Today's date: \_\_\_\_\_

Participant signature \_\_\_\_\_

(Legal guardian's signature if participant is under the age of 18)

### **Participant Safety Release**

This Mindfulness-Based Ecotherapy Program is sponsored by

Name of agency/individual: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact person/instructor: \_\_\_\_\_

The above-named agency manages and conducts the Mindfulness-Based Ecotherapy program, a 12-week adventure and outdoor-based program that meets once per week for twelve weeks. These activities are supervised and instructed by trained staff, interns, and volunteers. Although novice skills

will be taught and supervised by competent and experienced adult leaders, there is some degree of risk involved in the various activities and the ultimate safety of each participant will depend on the participant's willingness to listen and to abide by the instructions, rules, and regulations given throughout the program.

The safety and well-being of each participant is of paramount importance to the program and the professional staff, employees, and volunteers who sponsor the program. All reasonable care and precautions are taken to ensure a fun educational experience.

The following "acknowledgment, assumption of risk and release of claims" is both a requirement of insurance coverage and an important reminder to you as a parent, guardian or participant to be sure that you or your child is properly prepared.

### **Acknowledgement, Assumption of Risk, and Release of Claims**

By signing below I am expressing my desire to participate in the program specified above. I understand the program offered may include, but is not limited to, the following potentially hazardous activities:

- Ground-based initiatives and activities requiring me to be seated on the ground for prolonged periods of time (up to 90 minutes at a time)
- Individual and group challenge activities in a wilderness or park setting
- Hiking
- Backpacking
- Wading, canoeing, other water based activities
- Arts and crafts in a natural environment using natural materials
- Potential allergic reactions to native flora and fauna
- Environmental nature studies
- Transportation to and from activity sites and all other activities engaged in at the site or on the way to the site

The inherent potential risks of these activities include the following:

- Personal injury
- Property damage
- Illness, or death.

I understand that the agency/individual named on page 5 of this document (previous page) does not require that I participate in the above-mentioned program and that participation is voluntary and of my own volition.

In recognition of the potentially hazardous nature of the program, I hereby release and fully discharge The trustees of the program, including its officers, agents, volunteers, and employees, from any and all claims or causes of action that may be brought by me, my child, or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to my or my child's participation in the program, whether caused by the negligence of a representative of the program or otherwise, to the fullest extent permitted by law. I further agree to hold harmless and indemnify representatives of the Mindful Ecotherapy Center and their agents for all defense costs, including attorney fees, and any other costs resulting in connection with my participation in this program.

I understand that this release also relates to all claims and liability resulting during or after the program arising from a pre-existing medical condition. I have read and completed the medical history form provided by the agency and accept full responsibility for omissions or errors on the medical history form. I further understand that this release relates to all claims and liability resulting from unforeseen or

intemperate weather. I have read the clothing & supply list provided by the agency and accept full responsibility for inadequate clothing provided by me or those items which I fail to provide.

I have read this entire “acknowledgement and assumption of risk and release of claims” and fully understand the contents. My signature indicates that I have satisfied my questions and concerns regarding the above-mentioned program by talking with a representative of the Mindfulness-Based Ecotherapy program and that I agree to the above terms.

I further acknowledge, by my signature below and my initials on the following items, that I have read and completed the following:

\_\_\_\_ Mindfulness-Based Ecotherapy Program Medical History Participant Release Form

\_\_\_\_ Mindfulness-Based Ecotherapy Program Clothing & Supply List

Participant printed name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Participant signature (Legal guardian’s signature if participant is under the age of 18) Today’s Date

\_\_\_\_\_  
Witness/Instructor Today’s Date