



Aleya Littleton, MA, Adventure Therapist | www.wwlcounseling.com | (708) 740-0136

MINOR WILDERNESS THERAPY RELEASE FORM

Client's Name (Full): _____ Nickname: _____
Sex: Male Female Date of Birth: _____ Age: _____
Phone: (H) _____ (W) _____ (Cell) _____
Street Address: _____
City: _____ State: _____ Zip: _____ E-Mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home Phone: _____ Work/Other Phone: _____

OUT-OF-REGION EMERGENCY CONTACT (For major catastrophes)

Name: _____ Relation: _____
Phone: (____) _____

INSURANCE INFORMATION (if you do not carry health insurance, please indicate so):

Insurance Carrier / Provider: _____
Group/Plan Number: _____ Phone: _____
Personal/Family Physician: _____ Phone: _____

MEDICAL INFORMATION: Please answer every question.

1. Date of last tetanus booster: _____
2. Known allergies? (medications, foods, stings / bites, etc): Yes No
Allergen: _____ Level of Sensitivity: _____

Note: if you have anaphylactic allergic reactions you must have an EpiPen or AnaKit

3. Do you have asthma? Yes No

Medication and instructions: _____

4. Are you currently on any medication? Yes No

Medication: _____ For: _____

Medication and instructions: _____

5. Do you have any physical injuries, conditions or limitations? Yes No

Please describe: _____

6. Do you wear glasses or contact lenses? Yes No

7. Do you wear hearing aids? Yes No



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RELEASE, INDEMNIFICATION AND WAIVER FORM
(This is a release – please read it carefully)

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by Wild and Wonderful Life Counseling which are beyond the control of the instructors, agents, officers, students, and employees of Wild and Wonderful Life Counseling, and that participation by myself in any program activities may entail unavoidable risk of personal injury, death, and loss of or damage to property. These risks include, but are not limited to insect and animal bites and stings, forces of nature such as but not limited to lightning and unexpected extreme weather conditions, and any hazard present in the wilderness, such as but not limited to low lying branches, sharp objects, and slippery surfaces. I hereby assume all risks of injury and death to myself and loss of or damage to property arising out of my participation in such activity and I agree to indemnify, hold harmless Wild and Wonderful Life Counseling, its officers, instructors, agents, and employees (“Releasees”) from and against all claims arising from any occurrence causing damage or injury to myself or to any party participating in said event or any third parties injured as a result of my actions. I further agree to repair or reimburse Wild and Wonderful Life Counseling for any and all damages that I may cause to Wild and Wonderful Life Counseling or the property at which a specific activity is held. In the event that I require medical attention while participating in this program, I hereby grant permission to Wild and Wonderful Life Counseling and its representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period. Prior to signing below, I have read and understand the terms and conditions of this Release, Indemnification, and Waiver, understand by signing below I am waiving certain legal rights I may have against the Releasees, and I agree to subscribe to all the terms and conditions set out above.

Client Signature: _____ Dated: _____
Printed Name of Client: _____

Aleya Littleton, Therapist: _____ Date: _____