



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: _____
Registering Parent/Guardian's Name: _____
Phone: (H) _____ (W) _____ (Cell) _____
Street Address: _____
City: _____ State: _____ Zip: _____ E-Mail: _____

EMERGENCY CONTACT INFORMATION (If we are unable to reach the registering parent listed above): 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. Does your child have any known allergies? (medications, foods, stings / bites, etc): Yes No
Allergen: _____ Level of Sensitivity: _____

Note: if your child has anaphylactic allergic reactions s/he must have an EpiPen or AnaKit

3. Does your child have asthma? Yes No
 4. Is your child currently on any medication? Yes No
Medication: _____ For: _____
Medication and instructions: _____
 5. Does your child have any physical injuries, conditions or limitations? Yes No
Please describe: _____
-

6. Does your child wear glasses or contact lenses? Yes No
-



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

7. Does your child wear hearing aids? Yes No

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 my child 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 my child and loss of or damage to property arising out of my child's 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 my child or to any party participating in said event or any third parties injured as a result of my child's actions. I also confirm that by signing as a Parent/Guardian, I release, waive and discharge the Releasees for all claims any parent of my child might have as a parent or guardian for injury to a child for whom I have signed. I further agree to repair or reimburse Wild and Wonderful Life Counseling for any and all damages that my child causes to Wild and Wonderful Life Counseling or the property at which a specific activity is held. In the event that my child requires 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.

Parent/ Guardian Signature: _____ Dated: _____

Printed Name of Parent/Guardian: _____

Aleya Littleton, Therapist: _____ Date: _____