

PLEASE DOWNLOAD AND COMPLETE. TO RETURN, YOU CAN SCAN AND EMAIL (David Emery dbemery@hotmail.com, or Carin Eisen soulcraftaustralia@gmail.com) OR POST (Carin Eisen 8 Union Road, Lilydale VIC 3140).

AVI/SCA Confidential Health Questionnaire and Waiver

(Answer every question)

Name: _____

Date of Birth: _____

Sex: _____

Height: _____

Weight: _____ Age: _____

Do you wear a Medic Alert Bracelet?

If yes, for what condition _____

Have you ever had a heart attack? If so, when? _____ please attach an explanation.

Do you have High blood pressure? ____

A heart Murmur? ____

Heart Disease? ____

Please list your blood pressure and resting pulse rate if you know it

Do you have any known allergies or sensitivities to insect bites or stings that could result in anaphylactic shock:

If yes, please explain:

Do you have any allergic reactions to any environmental substances, food or drugs?

If yes, please explain:

Are you hypoglycaemic or diabetic? Specify:

Have you ever experienced a seizure of any kind? If yes, please attach an explanation.

Do you have haemophilia?

Do you have any disabilities of the back, knees, hips or ankles? If yes, please explain.

Have you ever had a lung disease? (asthma, emphysema, etc.) If yes, please explain.

If you walked on the level for a mile at an average pace, would you get out of breath, have chest pain or leg pain, or develop muscle fatigue? If yes, please explain.

Are you taking any prescribed medications at this time? If yes, please specify: _____

If you are under the care of a physician, does he/she approve of you engaging in this activity?

When did you last have your tetanus shot? _____

How would you rate your present degree of physical fitness? _____

Are you currently (or within the past two years) receiving treatment from a physician or other health care professional for any physical or psychological reason? Please explain.

Is there anything else you feel we should know regarding your physical condition and/or history to help us be of better service to you on your vision quest? Please specify:

Signature: _____ Date: _____

Name of doctor: _____ Phone number: _____

In case of injury or illness, contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____ Work Phone: _____

Best time to call: _____

Second Contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____ Work Phone: _____

Best time to call: _____

Please check with your insurance company to determine your coverage for this program and bring your insurance identification card or other policy identification with you.

WE RESERVE THE RIGHT TO REQUIRE A MEDICAL EXAMINATION OF ANY POTENTIAL PARTICIPANT AT THE PARTICIPANT'S EXPENSE AND TO REJECT ANY POTENTIAL PARTICIPANT FOR MEDICAL REASONS AT ANY TIME PRIOR TO OR DURING A TRIP.

Waiver (Please read and sign)

We urge those attending any of Animas Valley Institute (AVI) programs produced by Soulcraft Australia (SCA) to take all necessary precautions for their own health and safety, in accordance with the advice and guidance of the Animas Valley Institute (AVI) guides and of their own medical practitioners. Please read the following and sign to indicate your acceptance and agreement.

- In seeking to participate in an AVI/SCA program(s), I accept that there is an element of risk, physical and psychological, involved in the activity, including, but not limited to bushy terrain, poisonous creatures and exposure to heat and cold.

- I agree to take full responsibility for my own health, wellbeing and safety during the program/s.

- I understand that this AVI/SCA program(s), is essentially a personal development opportunity with a focus on nature connection and self awareness.

- I agree to assume full responsibility for my participation in this AVI/SCA program(s) and all that I experience.

- I understand that my participation in this AVI/SCA program(s), in general and in any particular activity thereof, is entirely my choice, voluntarily and freely made, after considering all factors.

- While AVI, AVI guides and Soulcraft Australia, acknowledge a duty of care to all participants, we recommend taking out individual personal injury and ambulance insurance for the duration of the program(s).

- I, the undersigned, being aware of my own health and of the program conditions, voluntarily assume the risk inherent in taking part in the program and release AVI, AVI guides, Soulcraft Australia and its producers from liability, financial or otherwise, for accidental injury, illness or loss, which may occur as a result of participating in the said activity.

Print name _____

Signature _____ Date ____ / ____ / ____

Soulcraft Australia

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