

# Listening Pines Health Questionnaire, Participant Agreement and Release Waiver (\*stared items are required)

\*Date Signed: \_\_\_\_\_

\*Date of Walk \_\_\_\_\_

\*Full Name: \_\_\_\_\_

City/town of Residence: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Physician Phone number: \_\_\_\_\_

Medical Insurer: \_\_\_\_\_

\*Emergency Contact/Relationship: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Does your doctor know you are going to participate in this program:  Yes  No Does your emergency contact person know you will participate:

Yes  No

Do you wear a Medic-Alert Tag or any other marker of a medical problem?  Yes  No If yes, please describe:

\*Do you have allergies or anaphylactic reactions to any insults, such substances, foods, drugs, insect bites or stings?  Yes  No

If yes, please describe, and let us know if you carry an Epi pen or other fast-acting medication:

\*Do you have any health-related disease, condition, or concern that program guides should be aware of?  Yes  No If yes, please describe:

## \*Part 1: Liability Release. You are responsible for your own well-being and safety on this walk.

1. I acknowledge that outdoor activities in natural areas entail known and unanticipated risks that could result in injury.
  2. I agree and promise to accept responsibility for my own safety and well-being during this activity. I understand that I may at any time opt to not participate in any part of the activity should I feel that it is not safe, or simply that I do not want to participant for any reason.
  3. I voluntarily release and hold harmless Listening Pines and the Association of Nature and Forest Therapy Guides and Programs (ANFT) and the individuals who are acting as guides on this walk from any and all claims of liability which are in any way connected with my participation in this activity.
  4. If I have a medical condition or health concern that I think the guides should be aware of, I will verbally inform them at the beginning of the walk.
- Yes, I agree to the above conditions.  
 No, I do not agree to the above conditions.

**\*Part 2: Model Release:** With your permission, Listening Pines may take photographs of you and your group on this walk. We would like your permission to use these photographs in promotional materials which may include social media, website, printed flyers and books, and videos. We are sometimes asked by news reporting agencies and publications to provide photos for articles they are writing about nature connection topics. We do this at no charge. We promise to carefully select photographs that show you in a way that we are confident you will like. **If you are not comfortable with having photos that include you taken and possibly used in these ways, we prefer that you mark "No" in the box below;** we want for you to have a relaxed and stress-free experience on your walk.

- Yes, you may take photographs of me and use them as described above.  
 No, I prefer not to be photographed.

This information is accurate and complete. I agree to communicate fully with program instructors and guides any health concerns that may arise. I give my permission to staff of the Association of Nature and Forest Therapy Guides to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions. I understand that should I need medical care for any reason while participating in this program the role of Guides will be limited to emergency first-aid and either transportation to the nearest medical facility, or contacting such a facility to arrange emergency transport.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

If Under 18, Signature of Parent or Legal Guardian: \_\_\_\_\_