

In order to complete your reservation, please complete this form and email it back.

We ask for this information so we can know in advance of special medical conditions you may have prior to the ceremony. For your safety we will review this form, and may contact you to discuss whether the ceremony will be good and enjoyable for you considering your medical history. We will keep the information on this form confidential. Only the organizers and / or others who know and understand its confidential nature will see it. The form will be retained along with your liability waiver for a period of time following the meetings, after which it will be destroyed. If you choose not to go to the ceremonies, this form will be destroyed.

General Information

Name: _____ **Gender:** Male Female

Occupation: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home: () _____ **Work:** () _____

E-mail address: _____ **Date of Birth:** _____

In case a problem arises please provide alternative Contact information:

Name _____ *Relationship:* _____

Home: () _____ *Cell:* () _____

Which ceremony date(s) / location will you be attending: _____

Medical History

-Allergies? Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.).
_____ NONE _____

-Allergy-Reaction Medication Required? (if any) _____

Please list all prescription, over-the-counter, and natural medications you are taking: _____

-Do you use Antidepressants, or Antihypertensive medications? Yes No *Please explain. Use a separate sheet if necessary.* _____

-Have you had a recent illness? Yes No **-Recent Accidents?** Yes No **-Operations?** Yes No
-Hospitalizations? Yes No *If any of the above is yes, please explain:* _____

-Do you have asthma? Yes No *If yes, please list any medications above.*

-Do you have diabetes? Yes No. Type _____ *If yes, please list any medications above.*

-What is your Height? _____ **What is your Weight?** _____

-Do you have a history of high blood pressure? Yes No *If yes, please explain:* _____

-Do you have a history of cardiac failure or stroke? Yes No. *If yes, please explain:* _____

-Do you have any bone, joint, or muscle problems? Yes No *If yes, please explain:* _____

-Have you ever had a seizure? Yes No *If yes, please explain:* _____

-Do you have any Psychosis/ schizophrenia condition? Yes No *If yes, please explain:* _____

-Are you pregnant, or think you could be? Yes No

-Do you have any other medical issues that might affect your participation in this ceremony? Yes No
If yes, please explain: _____

-Please state below all physical or mental limitations and restrictions of which you are aware:

If you have no such limitations, please initial here: _____

In consideration of being allowed to participate in this event, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the event's leader, organizers and participants from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me whether caused by the negligence of release, or otherwise, while participating in this event, or while in, on or upon the premises where the event is being conducted. To the best of my knowledge, I am in good physical condition and I am not aware of any physical and physiological infirmity, which would place me at risk to participate in any way with the ceremony activities. I am fully aware of the risks and hazards connected with this event. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in the event's activities whether caused by the negligence of release, or otherwise. In signing this release, I acknowledge and represent that I have read and understand it and sign in voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

Signature (required): _____

Date: ____/____/____