**Wild Mythos Drums**

**Confidential Program Registration & Health Form & Release**

2591 Mattison Lane

Santa Cruz CA 95062

831-706-6340

palikaji@wildmythosdrums.com www.wildmythosdrums.com

Program Name:

Program Date:

Name:

Home Address incl State and Zip:

Phone Number:

Email:

Medical Insurance Co & Policy #:

Emergency Contact 1:

Emergency Contact 2:

Where will you will travel from?

If you are driving please tell us the make, model, color of your vehicle:

Liscense Plate and State registered:

Please let us know if you have any medical training or certification: MD, EMT, WFR, Nurse:

**All the information you give us is completely confidential and is necessary to insure you are both physically and psychologically fit for our programs. Wild Mythos Drums reserves the right to refuse service to anyone for any reason. We also reserve the right to screen participants for compatibility with programs. For the safety of all participants, we require that participants be in good physical, mental and emotional health. Wild Mythos programs can be physically and psychologically challenging.**

Do you have high blood pressure or low blood pressure? If yes under what conditions?

Have you ever had a heart attack? If yes the date and what happened.

Do you wear a MEDIC ALERT Bracelet?

Do you have a heart murmur? If yes, please explain.

Do you have heart disease? If yes, please explain.

Please state your Blood Pressure:

Please state your Resting Pulse Rate:

Do you have any known allergies to insects or stings that could result in anaphylactic shock? If yes, please explain:

Do you have any known allergic reactions to environmental substances, food or medications? If yes, please explain:

Are you hyperglycemic or diabetic?

Do you have hemophilia?

Have you ever had any kind of seizure – please share date and circumstance:

Have you ever had lung disease?

Do you have asthma?

Do you have any disabilities of the back, neck, hips, knees, ankles or feet?

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

How would you rate your current state of fitness from 1 poor-10 being excellent?

If you are under the care of a physician – does she or he approve of this activity?

Are you currently or within the past two years receiving treatment for any physical, psychiatric, or psychological reason? Please explain.

Have you ever been diagnosed or treated for an eating disorder?

Do you currently smoke?

Please list any current medications you are taking and the reason for which it is prescribed.

Is there anything else you feel we should know regarding your physical, emotional condition or history to help us better serve you on your journey with us?

Wild Mythos Drums is not liable for any activity that you participate in on our program that your doctor would not support you doing or is contraindicated for any physical or psychological condition you have. We are not liable for what occurs within the natural world.

**Please sign your name below, you agree that your electronic signature is your acknowledgement that you have read thoroughly and answered truthfully and agree to all of the statements above.**

Signature and Date: