

Personal and Medical Information

Classes, Workshops and Seminars presented by **SouLore and Wings of Eagles** contain activities that can be physically, spiritually and emotionally demanding. We will try to accommodate people regardless of physical disability whenever possible, but *we must have full disclosure of all physical and mental conditions prior to the course so that we can be prepared and can provide a safe environment for you and for all participating.* We require that anyone under the care of a health professional for a current condition consult him/her to make sure that these programs are advisable, and all participants must continue to take any medications prescribed by a doctor for the duration of the program.

All personal information requested is solely for the use of SouLore and Wings of Eagles. All information will be held in strict confidence, and to the extent of the law will not be released to anyone without your prior consent.

SouLore/Wings of Eagles welcome diversity and is invested in bringing harmony to all of the Creator's children. We seek to understand, appreciate and honor each individuals beliefs and traditions so that the training and experience fits your needs.

Personal Information:

Please have each individual of your party fill out the following information, if more than one member of the family is taking the course:

Name of the Course: _____

List all participants from your family:

Grandfather _____ Father _____ Son _____

Other _____

Grandmother _____ Mother _____ Daughter _____

Other _____

Your Name: _____ Date: _____

Male _____ Female _____ Age: _____ Date of birth: _____

Address: _____

Contact information: (phone, cell, fax, email) _____

Marital Status: _____ Occupation: _____

Are you an adherent of any spiritual or religious system? If so, which one? _____

For which reasons are you interested in participating in this course? _____

Has your family/community formally initiated or celebrated you into adulthood? If yes, please explain: _____

Please provide a brief history and background about your family: _____

What role do you play in your family? _____

In case of emergency, please contact:

Name / Relationship to you: _____

Phone # (home): _____ (work): _____

(cell/pager): _____

Address: _____

Medical History

Are you under the care of a medical professional for a current condition? If yes, please explain. _____

If yes, have you discussed your participation in this program with him/her?

(Please have them contact us if they have questions).

Are you currently taking any medications? If so, please list medication and condition.

If yes, what are the food requirements for your medication? _____

Do you smoke? _____

Have you had any major surgery? If so, please list the reason and the date. _____

Please list all significant accidents and injuries and the approximate dates. _____

Have you been hospitalized recently (past 2 years)? If so, please explain. _____

List any allergies to medication: _____

Do you have any **SERIOUS** food allergies that cause medical complications? If yes, please list them, and rate the severity on a scale of 1-10: _____

** (These are foods that you can NOT, under any circumstances, eat without serious side effects)

Do you carry an EPI-PEN for your food (or other) allergy? _____

Other serious allergies: _____

List any areas of weakness in your body: _____

On a scale of 1-10, how would you rate your current physical condition? _____

Check if you have had any history of the following (and circle any that are current):

- | | |
|--|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hyper/Hypoglycemia | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Poor circulation |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Dizziness or loss of balance |
| <input type="checkbox"/> Back or neck problems | <input type="checkbox"/> Headaches |

Do you have a current exercise routine/ physical practice? How often? How strenuous?

Is there any medical condition not listed here that could impact your participation in this program that we should know about? Please describe. _____

In the event of a medical emergency, do you have medical insurance? _____

Please list insurance information (insurance company, contact information, policy #, name of insured and relationship to you, etc):

Psychological Profile

Are you currently under the care of a mental health professional? If yes, please explain. _____

If yes, have you discussed your participation in this program with him/her? _____

Have you ever experienced or been treated for depression? Please explain. _____

Are you currently experiencing depression? If so, how severe? _____

History of addictions: _____

Do you now or have you ever suffered from any kind of anxiety disorder (i.e. panic attacks, night terrors, phobias, flashbacks, etc.)? If yes, please explain. _____

Do you now or have you ever suffered from any type of dissociate disorder, or bipolar disorder (some types of energy work are contraindicated for these conditions)? If yes, please explain. _____

Have you undergone any stressful events in the past two years that have impacted you significantly (i.e. loss of a loved one, divorce, loss of employment, etc.)? Please explain. _____

Have you ever been the victim of violence, physical or sexual? If yes, at what age? _____

Participant Release of Liability

I affirm that the confidential information, which I have provided, is accurate and complete. I understand that failure to disclose this information could affect my own safety and the safety of those around me, and I agree to hold SouLore/Wings of Eagles harmless if full disclosure of a preexisting medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that parts of SouLore/Wings of Eagles programs may be physically or emotionally demanding. I agree to accept full responsibility and assume all risks, including those caused by acts of God, injury, death, and/or loss to my person and/or property knowingly and voluntarily, realizing that SouLore/Wings of Eagles will take all reasonable precautions to minimize these risks.

I knowingly, voluntarily, and irrevocably waive any and all past, present, and/or future injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by SouLore/Wings of Eagles as a student, participant, spectator, and/or visitor, or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrations. I certify that I am physically, mentally and emotionally capable to participate in the program I have applied for despite the rigors and dangers inherent in such undertaking. I acknowledge that the use of video recorders is prohibited.

I understand that prices, policies and course dates are subject to change without notice, and that SouLore/Wings of Eagles is not responsible for any nonrefundable airfare at anytime.

My signature below indicates my acceptance of these terms and my desire to participate in an SouLore/Wings of Eagles course. I also acknowledge that should I cancel, only \$100 of the \$200 nonrefundable deposit can be transferred (one time only) to another SouLore/Wings of Eagles program within 12 months of the original application. After 12 months, it is no longer transferable. If I do not notify SouLore/Wings of Eagles of my cancellation two weeks before the start of the class, none of the deposit is transferable.

Signature: _____ date: _____

Photo/Media Release

I release to SouLore/Wings of Eagles rights to use any photograph or video taken while participating in an SouLore/Wings of Eagles program to be used as deemed by SouLore/Wings of Eagles, including web site, brochure or other advertising.

Signature: _____

Mail this form to: SouLore, 79 Treeline Drive, Sagle, ID 83860 or fax to: 208-255-2290

WHAT YOU NEED TO BRING

- Your Registration Balance
 - A Quality Tent (Optional: Tarp and Ground Cloth)
(We have TENT RENTALS **for reservation** if you cannot, or if it is difficult to travel with one.)
 - An Appropriate Temperature Sleeping Bag (Optional: Pillow and Bag Cover)
 - A Backpack
 - Eating Utensils: Plate, Bowl, Mug, Fork and Spoon
 - A 3 To 5 Inch, Sharp, Non-Folding, Sheath Knife
 - Changes Of Clothing For Warm, Cold And Rainy Seasonal Weather
-
- Hiking footwear (the most supportive is leather with lug soles) & camp shoes
 - Swimsuit and Towel
 - Toiletries and Biodegradable Soap
 - Notebook/Journal and Pens
 - Water Bottle
 - Flashlight (headlamps are ideal)