

Wood Smoke and Paddle Song

Medical Information

Name _____

Birth Date _____

Health Card # _____

Doctor _____ Phone _____

Please bring your health card with you.

Do you have any allergies- specify _____

Do you have any dietary restrictions-specify _____

I am in good health. I have not recently been treated for, nor am I aware of, any condition that would jeopardize my health or prevent my full participation while on this course.

Signature _____ Date _____

Witness _____ Date _____

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Photo Release

I give Wood Smoke and Paddle Song Inc. and its agents permission to take photographs or video of me participating in any activities. I also authorize Wood Smoke and Paddle Song Inc. to use any such images for publication, publicity or for advertising.

Signature _____ Date _____