



Connect to the Higher Self and the Heart of Gaia Liability Waiver and Health Form



Personal Information	
First Name	
Last Name	
Address (street, city, state/province, postal/zip code)	
Emergency Contact #1	
Emergency Contact #2	
Health & Medical Information	
If you have any medical or health conditions, please explain current conditions and history.	
If you have are taking any medications or health supplements, please explain.	
If you have any activity restrictions, please explain	
Health Insurance Information	
Insurance Company	
Policy Holder Name	
Policy Number	
Release	
I, undersigned, agree with the following statements:	
Medical Release	Between the starting and ending dates of this workshop, as deemed necessary, I authorize the Workshop Hosts to select the hospital or dentist for hospitalization, to secure proper treatment, and/or order an injection, anesthesia, or surgery, for the person specified above.
Liability Release	Even with the best of planning and precaution, unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards inherent in the activities of this workshop. I agree not to hold the Workshop Hosts, Facilitators, and the Venue or its employees and

	volunteer assistants, liable for any damages, losses, or injuries to myself or my property.
Date and Signature	