



*Living In
Harmony & Balance
With
Earth Mother*

*Earth Mother Awareness
77044 Robinson Road
Folsom, Louisiana 70437
(985) 796-5377*

www.earthmotherawareness.com

2quest@bellsouth.net

<----->

APPLICATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ - _____ Other Phone () _____ - _____

Date of Birth ____/____/____ Age ____ M/F ____ Single/Married _____

Occupation _____

Employer _____

Emergency Contact _____

Relationship _____ Phone () _____ - _____

Health/Special Diet/Food Allergy Information _____

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WAIVER AND RELEASE

In consideration of Earth Mother Awareness furnishing services to enable me to participate in any programs, I hereby assume all risks of injury to myself and loss of or damage to property arising out of my participation in such activity, and I specifically release and discharge Earth Mother Awareness, its instructor(s), agents, officers, students, and assign with respect to any action or omission of any of them in any respect related to my participation in the programs offered in which I have enrolled and plan to participate in the future.

I further agree that I will indemnify and defend and hold harmless Earth Mother Awareness, its instructor(s), agents, officers and employees from any claim of any nature made by me, specifically including any claims resulting from my own negligence or noncompliance with Earth Mother Awareness policies which may arise in any way relating to my participation in the programs offered by Earth Mother Awareness.

I have read and understood the terms and conditions of this release, indemnification, and waiver, and I agree to subscribe to them.

Date ____/____/____ Signature _____

NOTE: Along with your application and \$150.00 nonrefundable deposit, please attach a letter describing your reasons or goals for engaging in Vision Quest or other Earth Mother Awareness programs.

(Make checks payable to Mary Ann McClellan)

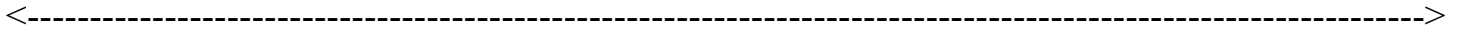


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MEDICAL FORM (Application, Page 2)

Date _____ / _____ / _____

Name _____ M _____ F

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ - _____ Other Phone () _____ - _____

If you have any personal medical condition or problem that the Quest Leader should be aware of, it is your responsibility to acquaint us with that existing condition. This information will be held in strictest confidence by the Quest leader and will be used only to render assistance should the need arise.

Do you wear contact lenses? _____ Hearing aid? _____ Do you have asthma? _____

Do you have heart problems? _____ Describe: _____

Do you have low or high blood pressure? _____ Describe: _____

Do you have any physical disabilities or limitations of which we should be aware? _____
Describe: _____

Are you currently under any medication? _____ If so, please indicate specific medication and the medical condition for which it was prescribed: _____

Are you allergic to any of the following?
Medication (e.g. penicillin, aspirin, etc) _____
Insect Bites (e.g. wasps, bees, spiders, etc) _____
Plants (e.g. poison ivy, nettles, etc) _____
Other _____

Have you ever had frostbite? _____ Body Parts Affected? _____

Is there any other condition of which we should be aware that might endanger, alter, or limit your abilities to participate in the Earth Mother Awareness Vision Quest or other Programs? _____

My signature below indicates a desire on my part to participate in the Earth Mother Awareness Vision Quest or Other Program. I give my permission for any emergency medical treatment which might become necessary.

Date _____ / _____ / _____ Signature _____