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Connecting People and Nature: History, Education and Adventure

### Physician Approval/Release Form

***To the participant: This form must be received at the CFI office no later than 7 days before your program to proceed with your CFI reservation. If you return the form 7 days or more before your program with your physician's refusals to approve your participation, we will offer a modified experience, if possible, or refund your full fees by check. If you return the form less than 7 days, NO refund will be given as we will have made staff commitments, purchased food, etc.***

Dear Doctor,

Your patient wishes to take part in a hiking, river rafting or Field Camp ("program") with Canyonlands Field Institute (CFI). CFI activities can include physically and mentally demanding activities and exertion. Activities vary from program to program, and can take place in a variety of environments on both land and water, and at altitudes between 4,000-11,000 feet. CFI programs will be conducted in all weather conditions including rain, very hot weather, sleet, snow, etc and do involve physical activity such as paddling a boat, hiking or other activity which require the participant to be in good health. For more information on a specific CFI program you can call our office.

This form is to certify that your patient is recommended as fit for the program listed below. Please be aware that many CFI activities take place in remote, backcountry environments, causing potential delays or difficulties in communication, transportation, evacuation or medical care. CFI does not permit pregnant women in back country environments but will allow them on some more front country settings such as our field camp.

**The form below is to be completed by a licensed physician.**

Participant/patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Proposed program: \_\_\_\_\_ Dates of program: \_\_\_\_\_

Location/Nature of program: \_\_\_\_\_

Medical Condition Requiring Approval/Release Form: \_\_\_\_\_

Any limitation/s on participant's ability to participate: \_\_\_\_\_

Any additional notes or recommendations: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Practice: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

I understand the above-named participant will be participating in a CFI program as described above, and that I have had the ability to contact CFI if I have further questions about the nature and/or physical demands of these activities or other concerns. Other than any limitation/s described in this form, the above-named participant can, in my opinion, fully participate in the CFI trip and all related activities, and I consent to and authorize this participant's participation. Authorization is only valid for the dates above unless otherwise noted.

\_\_\_\_\_  
DOCTOR'S SIGNATURE

\_\_\_\_\_  
DATE