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Connecting People and Nature: History, Education and Adventure

### Physician Approval/Release Form

**To the participant or parent/guardian:** **This form must be received at the CFI office no later than 7 days before your program to proceed with your CFI reservation. Return to [info@cfimoab.org](mailto:info@cfimoab.org). If your physician does NOT approve your participation, and we receive the notice greater than 7 days before your program, we will try to offer an approved modified experience, or we will refund your full fees. If less than 7 days notice is given and your physician does NOT approve your participation, no refund will be given due to commitments made.**

**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. The program may take place in a variety of environments on both land and water, and at altitudes between 4,000-11,000 feet, over a variety of uneven, steep and challenging wilderness terrain. 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.

**\*\*Participants on a river trip may be on oar or paddle rafts. In the event of a capsize or fall out of the watercraft, they will need to be able to independently: (1) get out from under the watercraft, (2) remain face up in the water, (3) endeavor to make progress to the shoreline or another boat, and (4) be able to grip a rope or other rescue device. The participant also needs to be able to enter and exit a wet or dry watercraft independently or with the assistance of a companion**

This form is to certify that your patient is recommended as fit for the program listed below (please call if you have questions.) 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.

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

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

Proposed program: \_\_\_\_\_ Dates of program: \_\_\_\_\_  
<https://cfimoab.org/trips/school-field-camp-program-four-nights/> for the program description.

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**

\_\_\_\_\_