

# *Reeling and Healing, Inc.*

## Medical Release Form

Dear Physician,

The patient named below has applied to attend a two-and one half day fly-fishing retreat for women diagnosed with or who have survived cancer. It is conducted by Reeling and Healing, Inc. a non-profit organization. Women with cancer, in treatment or in recovery, are eligible for the retreat, if they are physically able. The event will include fly-fishing instruction by trained instructors and psycho-social discussions led by professional facilitators. Physical exercise will include fly-casting, extended periods of standing, and fishing in a stream or beside a pond. Participants will be assisted at all times by experienced guides. The women are encouraged to participate at their own pace and activity level, with frequent rest periods as needed. All meals, beverages, and lodging are provided by Reeling & Healing, Inc. Dietary restrictions and requirements are facilitated when possible.

Please fill out, sign and return this form to the participant or to the address below. If you have any questions, please call one of the phone numbers below. Thank you.

Name of participant \_\_\_\_\_  
Location of Retreat: \_\_\_\_\_

Medications: Please use attached form.

Allergies: \_\_\_\_\_

Physical restrictions and/or special needs: \_\_\_\_\_  
\_\_\_\_\_

I believe that the above-named patient is a reasonable candidate to participant in the Reeling and Healing retreat listed above.

Physician's Signature \_\_\_\_\_  
Print name and title \_\_\_\_\_  
Telephone \_\_\_\_\_

Please return this form to:

Scan/email to: [judy.walle@reelandheal.com](mailto:judy.walle@reelandheal.com)

Or mail to: Reeling and Healing, Inc.  
Judy Walle, 5137 Newhart Circle, Toledo, OH 43615  
Phone: 419-327-4146 or 419-536-2469

Thank you.