

Name: \_\_\_\_\_

Wild Heart Revival, LLC.  
wildheartrevival.com  
wildheartrevival@gmail.com  
303.886.1764

**Participant Information:**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Previous Wilderness Experience:**

**Please indicate any outdoor sports or leisure experience (hiking, snowshoeing, camping, etc.), skill level (beginner, intermediate, advanced, or expert), and associated comfort level (e.g. fearful, pushing my edges of comfort, comfortable):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe your current relationship to Nature:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

**Confidential Health Information:**

Please complete this confidential form in full so that we may provide the best possible care should an emergency arise. The wilderness activities you will participate in often are of a different physical nature than what most participants are accustomed. If you have questions about your participation, *please discuss them with your doctor*. Please discuss any concerns or questions you have with Wild Heart Revival.

**Health Insurance Provider:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name of Physician:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please list any medical conditions (and associated medications you are taking) that could effect your participation at Women Rising Wild:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Pre-existing injuries and any known physical limitations (describe):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list any allergies (medications, foods, plants, animals, insects, etc.). Describe expected reactions and interventions or treatments for your known allergies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have given the most up to date and accurate information about my health. I understand that withholding pertinent medical information could negatively affect myself and other participants. It is my responsibility to notify Wild Heart Revival should there be any changes that would affect my well-being while involved in this experience including changes in my personal and emergency contact information. I give Wild Heart Revival permission to provide emergency care to the level of their training, to assist in administering medications, and to seek advanced emergency medical treatment should the need arise. I understand that any medical expenses incurred are my financial responsibility.

**Signed (Participant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_

### **Medical Authorization and Release of Liability**

#### **Adult Agreement or Parent's/Guardian Agreement for Melissa Reed-Eckert, Wild Heart Revival, LLC, and WHR Employees and Collaborators:**

I understand the physical activities associated with outdoor environmental education and/or nature-connected coaching as offered by Melissa Reed-Eckert, Wild Heart Revival, and Wild Heart Revival employees and collaborators (collectively referred to as "Wild Heart Revival" or "WHR") may involve the physical demands of traversing over rough terrain, backpacking, personal and crew gear, and voluntarily climbing of mountains. Having the assurance of my good health through a current physical examination by a medical doctor, I hereby give consent for myself to participate in these activities with Wild Heart Revival. I have included in this form all necessary medical information about myself that should be known by the leadership of the program. I assure my cooperation and assume responsibility for my actions. I understand that I am responsible for any medical expenses incurred in the event of needed medical attention for myself. I further agree that I will be financially responsible to repair or replace all items lost or abused by myself. In the event of an emergency, I authorize my consent to any X-ray examination, medical, dental, or surgical diagnosis, treatment, and/or hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice. I understand that the designated emergency contact will be contacted as soon as possible. **By signing below, I certify this is a release of liability.**

**Signed (Participant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Release of Liability & User Indemnity Agreement for Melissa Reed-Eckert, Wild Heart Revival, LLC, and WHR Employees and Collaborators:**

I hereby acknowledge that I have voluntarily agreed to participate in the physical activities associated with environmental education and/or nature-connected coaching facilitated by Melissa Reed-Eckert, Wild Heart Revival, and Wild Heart Revival employees and collaborators (collectively referred to as "Wild Heart Revival" or "WHR"). I understand that the physical activities and all other hazards and exposures connected with the activities conducted in the outdoors do involve risk and I am cognizant of the risks and dangers inherent with the activities. I am fully capable of participating in the activities contracted for in my professional contract with Wild Heart Revival and willingly assume the risk of injury as my responsibility whether it is obvious or not. I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof as a result of my, or my child's, negligence in any scheduled or unscheduled activities associated with Wild Heart Revival, are my responsibilities. I understand that accidents or illness can occur in remote places without medical facilities, physicians, or surgeons, and I, or my child, may be exposed to temperature extremes and inclement weather. I further agree and understand that any route or activity chosen may not be of minimum risk, but may have been chosen for its interest and challenge. I understand that I may be traveling via vehicle (owned, rented, or operated by Wild Heart Revival) or by public transportation. And I understand that motor vehicle accidents may occur in the course of transporting myself to or from activities, sessions, or locations. I agree to defend, indemnify, and hold harmless Wild Heart Revival, Mission: Wolf, the USDA Forest Service, and any and all private landowners and city, county, state or federal government agencies whose property the activities may be conducted on, and all of their officers, members, affiliated organizations, agents, or employees for any injury or death caused by or resulting from my or my child's participation in the activities, scheduled and unscheduled, whether or not such injury or death was caused by my, or their, negligence or from any other cause. **By signing below, I certify this is a release of liability.**

**Signed (Participant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_

## Statement of Intent

All nature-connected coaching and life coaching services delivered by Melissa Reed-Eckert, Wild Heart Revival, and Wild Heart Revival employees and collaborators (collectively referred to as "Wild Heart Revival" or "WHR") are meant to challenge, uplift, empower, and support you. However, coaching is not psychotherapy. If you feel psychologically stressed to the point that it is interfering with your ability to function, please seek the help you need in the form of a professional licensed counselor or therapist. Life coaching may augment your therapy, but the work of coaching is meant to be done when major emotional and psychological wounds are already healing or healed. In that spirit, please read the following and sign below should you agree to each statement and wish to proceed:

◆ I understand that the coaching services I will be receiving from Melissa Reed-Eckert and Wild Heart Revival are not offered as a substitute for mental health care. I also understand that my coach is not acting as a psychotherapist, and does not purport to offer mental health care.

◆ I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions.

◆ I understand that all comments and ideas offered by my coach are solely for the purpose of aiding me in achieving my defined goals and desired outcomes. I have the ability to give informed consent, and hereby give such consent to my coach to assist me in achieving such goals.

◆ I hereby release, waive, acquit and forever discharge Melissa Reed-Eckert and Wild Heart Revival, LLC, their agents, successors, assigns, personal representatives, executors, heirs and employees (collectively "Wild Heart Revival" or "WHR") from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of actions, omissions, or commissions taken by myself or by WHR as a result of the advice given by WHR or otherwise resulting from the coaching relationship contemplated hereunder. I further declare and represent that no promise, inducement or agreement not herein expressed has been made to me to enter into this release. The release made pursuant to this paragraph shall bind my heirs, executors, personal representatives, successors, assigns, and agents. I have read the statements above and I understand and agree with the points contained therein:

**Signed (Participant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Financial Agreement and Cancellation Policy

### Workshop and Retreat Cancellations/Refund Policy:

Deposits for workshops, retreats, and other special events are non-refundable at any time after receipt unless we cancel the program, you are not accepted for a particular program, or it is full.

The balance of your special event fee is non-refundable unless we cancel the program, you are not accepted for a particular program, or the event is full.

For registration cancellations made 5 weeks or more before the start date of a program, the deposit and all fees paid can be credited for a later program of the same type. This can be done only one time. However, an additional non-refundable deposit must be sent in order to hold space in the later program. For cancellations less than 3 weeks before the start date of a program, all fees paid are forfeited.

### Policy for Non-Payment:

#### Financial Agreement

In the event that billing efforts fail, delinquent accounts may be subject to collections. Wild Heart Revival will make every attempt to develop a payment plan with any client struggling to pay a past due balance prior to sending a balance to collections.

**Please sign and date below indicating you have been provided accurate information and understand the limits of service charges and billing information and agree to the Financial Agreement and Cancellation Policy above.**

**Signed (Participant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_

## Inclusivity Statement

At Wild Heart Revival we embrace and value diversity and strive to create an environment of inclusivity through these principles:

- We respect and affirm the dignity of all people including our staff and program participants. Dimensions of diversity can include but are not limited to race, national origin, ethnicity, socio-economic class, income, age, gender identity and expression, sexual orientation, intellectual and physical ability, faith and non-faith perspectives, political ideology, family status, military experience, education, primary or first language, and communication style.
- It is our policy to be inclusive and mindful of diversity in our policies, programs, and interactions with others. We understand, respect, appreciate, and recognize diversity and individual differences as a source of strength within our business, in our programs, and in our communities.
- We expect all staff, contractors, customers, and clients with Wild Heart Revival to demonstrate respect for differences at all times, understanding that other peoples' perspectives, behaviors, and worldviews may be different from their own but are no less valuable.
- Diversity will be valued in our community within Wild Heart Revival and at any event or program we offer. If there are aspects of the design, instruction, and/or experiences with Wild Heart Revival that result in unfair barriers to your inclusion and safety please notify the director at [wildheartrevival@gmail.com](mailto:wildheartrevival@gmail.com)

**Please sign and date below indicating you agree to collaborate with Wild Heart Revival and other clients and customers of our services in group events to cocreate an environment of inclusivity that honors and respects diversity as described above.**

**Signed (Participant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Policy on Substance Use

Wild Heart Revival events are substance free. Use of alcohol, tobacco, marijuana, and mind altering substances is prohibited. We welcome you just as you are, unaltered, and in your true nature while on retreat with us.

**Please sign and date below indicating you understand and agree to our policy prohibiting use of mind altering substances while on retreat with Wild Heart Revival.**

**Signed (Participant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

