



Medical Release Form

Dear Physician,

The patient named below has applied to attend a two-and-a half day retreat conducted by Reel Recovery, a national non-profit organization that provides fly-fishing retreats for men recovering from cancer. Men with any form of life-threatening cancer, in treatment or recovery, are eligible for the retreat if physically able. The event will include fly-fishing instruction by trained fly-fishing 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, assisted at all times by experienced guides. The students are encouraged to participate at their own pace and activity level, with rest periods available whenever needed. All meals, beverages and lodging are provided by Reel Recovery, and dietary restrictions are taken into account as much as possible.

Please fill out, sign and return this form to the address or fax below. If you have any questions, please call the voice number below. Thank you.

Name of participant: _____

Location of Retreat: _____ Date: _____

Medications: _____

Allergies: _____

Physical restrictions and/or special needs: _____

I believe that the above-named patient is a reasonable candidate to participate in the Reel Recovery retreat listed above.

Physician's Signature _____

Print name and title _____ Telephone _____

Clinic/Practice _____

Please return this form to:

**Reel Recovery
160 Brookside Road
Needham, MA 02492**

Or fax to: 781-449-9031

160 Brookside Road Needham, MA 02492 Tel: 800-699-4490 Fax 781-449-9031 www.reelrecovery.org