

The Outdoor Academy of the Southern Appalachians
REQUIRED PHYSICIAN RELEASE FORM

To The Outdoor Academy Participant:

A semester at The Outdoor Academy is both physically and mentally demanding, and we want your doctor to be aware of that when he/she performs your physical. Please have your doctor read and sign this form at the time of your physical. If your doctor has any questions or concerns, please have him or her call us at 828-877-4349. We are happy to answer any questions as your well being is our top priority. Remember, your signed and completed medical form, along with this signed letter is due into our office no later than November 15, 2009.

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To the Physician:

Your patient is planning to participate in The Outdoor Academy's 16-week Spring 2010 semester (January 16 – May 15, 2010). Students will be participants of physically demanding outdoor activities, including backpacking (approximately 10 miles per day) for five-six consecutive days on rugged terrain. Each student will carry a pack of 35-55 pounds and will be sleeping outdoors. Students will also be rock climbing, caving, and whitewater paddling throughout the semester. The Outdoor Academy's expeditions are strenuous and require that students of the school be in good physical and mental health.

If you have any questions or concerns about your patient's ability to physically participate in the program, please contact us by e-mail, oaadmissions@enf.org or call 828-877-4349.

Thank you for your assistance.

Lydia Odell,
Admissions Director

Physician- please complete the following:

I understand that _____ is planning to participate in the activities described above and have found that he/she is in good health and has no injuries, illnesses or conditions that would impair his/her ability to participate at The Outdoor Academy.

Physician: _____

Physician's Signature: _____ Date: _____