

The Outdoor Academy of the Southern Appalachians
PHYSICIAN RELEASE FORM

To the Physician:

Your patient is planning to participate in a semester at The Outdoor Academy. Students will be participants of physically demanding outdoor activities, including backpacking (approximately 10 miles per day) for nine 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.

Laura Belanger,
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: _____