



## 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 free fly-fishing retreats for men living with 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, all times assisted by experienced guides. The men 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 considered as much as possible.

**Please fill out, sign and return this form via fax or mail using the information listed below. If you have any questions, please call the voice number below. Thank you.**

Name of Participant: \_\_\_\_\_

Location of Retreat: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

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

Physical Restrictions and/or Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

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

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic/Practice \_\_\_\_\_

Please Return Form To:

**FAX: 781-449-9031**

**Mailing Address:** Reel Recovery 160 Brookside Rd., Needham, MA 02492

Voice Phone: 800-699-4490

Email: [info@reelrecovery.org](mailto:info@reelrecovery.org)

Website: [www.reelrecovery.org](http://www.reelrecovery.org)