MEDICINE PATH NATIVE AMERICAN CHURCH
A NON-PROFIT RELIGIOUS CORPORATION C2985085
CHARTERED IN THE STATE OF CALIFORNIA MARCH 30, 2007
2269 CHESTNUT STREET #193
SAN FRANCISCO, CALIFORNIA 94123

CEREMONY PARTICIPANT REGISTRATION:

This document is to acknowledge that _____ is an authorized Ceremony Participant of Medicine Path Native American Church. As an authorized Ceremony Participant, _____ is authorized to participate in Native American Church ceremonies under the following terms and conditions:

1. I agree to participate in Medicine Path Native American Church ceremonies of my own free will, choosing and volition. I have been informed of the nature of these ceremonies and do state affirmatively that I have in no way been coerced or manipulated in any manner by any representative of Medicine Path, N.A.C.
2. I agree not to leave any Medicine Path Ceremony before the completion of the Ceremony. I understand that if I choose to leave any Medicine Path, N.A.C. Ceremony before its completion, I do so at my own risk.
3. I confirm that I have no medical, emotional, psychological condition that would put me at risk in participating in Medicine Path Ceremonies.
4. I have read, do understand, and have completed the "Medical Information / Release Form" _____ (initial)

I, the undersigned, hereby verify that I have read, do understand, and do agree to all above terms and conditions and do willingly participate in Medicine Path Native American Church ceremonies of my own free will and volition.

_____Date:_____/_____/_____
Signature

_____
Print Name

_____
Witness (Medicine Path, N.A.C. Officer)

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MEDICAL INFORMATION / RELEASE:

We ask for this information so we could know in advance of special medical conditions you may have, rather than learning about them during the ceremonies. For your safety we will review this form, and the leader may contact you to discuss whether the ceremony will be good and enjoyable for you considering your medical history. We will keep the information on this form confidential. Only the organizers and / or others who know and understand its confidential nature will see it. The form will be retained along with your liability waiver for a period of time following the meetings, after which it will be destroyed. If you choose not to go to the ceremonies, this form will be destroyed immediately.

General Information:

Name: _____

Gender: ____ Male ____ Female

Address:

Street: _____

City: _____State:_____ Zip: _____

Phone: ( )_____

E-mail address: _____

Date of Birth: ____/_____/_____

Emergency Contact:

Name: _____

Relationship: _____

Phone: (__) _____

Medical History:

Medication:

Please list all prescription, over-the-counter, and natural medications you are taking. (Please use back of this form).

Do you use Antidepressants, steroids antihypertensive medications?

Yes _____ (Please explain on back of this form) No_____

Medical Conditions: (*If you answer "yes" to any of the following, please explain on back of this form*)

Have you had a recent illness (Within the last calendar year)?

Yes _____ No _____

Recent Accidents? Yes _____ No_____

Surgical Operations? Yes _____ No_____

Hospitalizations? Yes_____ No _____

Do you have asthma? Yes _____ No _____

Do you have diabetes? Yes _____ No _____ Type _____

Do you have high blood pressure? Yes _____ No _____

Do you have a history of cardiac failure or stoke?

Yes _____ No _____

Are you pregnant? Yes _____ No _____

Bone, joint, or muscle problems? Yes _____ No_____

Have you ever had a seizure? Yes ____ No ____

Do you have any history of mental illness? Yes ____ No_____

Ever hospitalized for emotional reasons? Yes _____ No _____

Do you have any other medical issues that might affect your participation in this ceremony? Yes _____ No _____

Please state (on back of this form) all physical or mental limitations and restrictions of which you are aware:

If you have no such limitations, please initial here: _____

****(If you answered "yes" to any of the above, please explain in detail on back of this form)****

Release: In consideration of being allowed to participate in this event, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the event's leader, organizers and participants from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me whether caused by the negligence of release, or otherwise, while participating in this event, or while in, on or upon the premises where the event is being conducted. To the best of my knowledge, I am in good physical condition and I am not aware of any physical and/or psychological infirmity, which would place me at risk to participate in any way with the ceremony activities. I am fully aware of the risks and hazards connected with this event. I **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in the event's activities whether caused by the negligence of release, or otherwise. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily.

Signature: _____ **Date:** ____/____ /_____