

MEDICAL CLEARANCE FORM

Timberline Holy Land Tour

Applicant's Name (please print) _____

The Timberline Holy Land study tour is a physically demanding experience. Participants must be physically and psychologically able to walk 3-5+ miles per day on rugged terrain with very few American style sidewalks at a rigorous pace and in sunny, dry, hot weather. Be sure to pack a hat, a water bottle, sunscreen, and comfortable shoes!



Please indicate the pre-existing medical condition(s) for which you are approving this applicant's participation in our trip as well as any other information that might be pertinent:

Name of Physician (please print) _____

Physician's Signature _____ Date _____

Phone _____

I, _____, give permission for the Timberline Holy Land Tour to contact this practitioner if it is believed any further information is required.

Participant's signature authorizes the Timberline Holy Land Study Tour to act with power of attorney to grant the appropriate medical professional(s) and U.S. Embassy personnel access to participant's medical records should participant be physically or mentally incapacitated and unable to grant such permission himself/herself during the trip.

Applicant's Signature _____ Date _____

Emergency Contact Person _____ Phone _____