

Registration Kit: "Wilderness Ways for the Jewish Soul"  
Hut / Hiking Trip July 23-35, 2004

Thank you for your interest in our Jewish Hiking/Hut Trip, Wilderness Ways for the Jewish Soul. We will enjoy 3 magnificent days together, exploring ways to integrate the spirituality of the wilderness with Judaism.

We are emailing you the following:

1. Registration Form
2. Medical Form
3. Release/Agreement

Please make sure that you have familiarized yourself with the full trip description at <http://www.AdventureRabbi.com/events/wildernessadventures.htm>

Please return these forms to our office by fax 303. 374. 6104.

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**Your non-refundable credit card payment of \$300 will secure your spot.**

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To pay, please go to this secure link:

<https://secure.6cp.com/adventurerabbi.com/donate.htm>

If at any time you have any questions about this trip, please do not hesitate to call me at 303.443.2642. I am generally in the office Mon- Fri, 9-4 and will always try to get back to you the same day you called.

Mike and Alison, your trip guides, are very excited about this trip and look forward to sharing this special adventure with you.

L'Shalom,



Jamie Korngold, Rabbi  
Adventure Rabbi, Inc.

## Hut Trip Registration Form

Name	
Mailing address	
Email	
Day Phone	
Gender	
Age	
Hiking Exp.	A lot   Moderate   Not Much   None
Will you like to carpool? ____ (Although the trip begins at the trailhead, we will connect you with others who would like to carpool and you can work out transportation with each other.)	
Dietary Needs?	
Please briefly describe your Jewish practice/connection:	
What are you most looking forward to on this trip?	
What about this trip is concerning to you?	

No refunds after June 1. We strongly recommend the purchase of travel insurance.

### Calvin and Hobbes



## Release/Agreement Form

Assumption of Risk: I am aware that wilderness adventures are strenuous and involve potentially dangerous activities. Adventure Rabbi staff are all outdoor professionals who will take every precaution to insure my safety. However, on any wilderness adventure, situations may arise that may be uncomfortable, hazardous and even potentially life threatening. These might include, but are not limited to, hypothermia, over-exertion, heat-stroke, injury, avalanches, drowning, lightening strikes, or other accidents. I hereby agree to act in a responsible and safe matter, and to look out for my own safety as well as the safety of others on the trip. I accept any and all risks of injury or death. I hereby agree that I, my assignees, heirs, guardians and legal representatives will not make claims against, sue, or attach the property of AdventureRabbi, Rabbi Jamie Korngold, or any guides, outfitters or sponsors related to AdventureRabbi, for any injuries or damages arising from my participation on this AdventureRabbi, trip. I represent and certify that I am physically fit and have sufficiently trained for this trip. I have carefully read this official release/agreement and understand its contents. I'm aware that is a release of liability and a contract between myself and AdventureRabbi, and Rabbi Jamie S. Korngold, all guides, staff and directors, and sign it of my own free will.

I grant permission for the use of my name and or likeness relating to my participation in AdventureRabbi, trips for us on the AdventureRabbi, website and other promotional material. I waive the right to any compensation for the use of my likeness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

**Please return to: Adventure Rabbi fax 303. 374.6104**

## Medical Form

Please fill out this form accurately and completely so that, God forbid, we are faced with a medical emergency in the backcountry, our response can be swift and effective. We suggest that you review your health and our trip plan with a physician before coming on this trip. This form will be kept confidential and reviewed only by AdventureRabbi staff and appropriate medical professionals.

Name		
Birth date		
Height		
Weight		
Current medications (add more to back of page if needed)		
Medication		Dosage
Reason for taking		
Medication		Dosage
Reason for taking		
Allergies		
Foods		
Medications		
Stings		
Do you carry an inhaler?		Do you carry an epi-kit?
Please check any of the following that apply to you today or in your past. Please explain each checked item on the final page of this form, including the name and phone number of the specialist or a reference who is familiar with any condition that you describe here.		
<input type="checkbox"/> Asthma or Other Respiratory Problems <input type="checkbox"/> Gastrointestinal Disturbances <input type="checkbox"/> Hypertension <input type="checkbox"/> Bleeding or Blood Disorders <input type="checkbox"/> Hepatitis or Other Liver Disease <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Seizures <input type="checkbox"/> Dizziness or Fainting Episodes <input type="checkbox"/> Heart/Blood Pressure <input type="checkbox"/> Cardiac Problems <input type="checkbox"/> Any Disease _____ <input type="checkbox"/> Susceptibility to Headaches, Migraines <input type="checkbox"/> Head Injuries <input type="checkbox"/> Frostbite or Raynaud's Syndrome		

<input type="checkbox"/> Heat stroke or heat related illness <input type="checkbox"/> Altitude-related sickness or discomfort <input type="checkbox"/> Hospitalized in the past year <input type="checkbox"/> Kidney disease <input type="checkbox"/> Back and/or joint injuries	
Please describe any regular exercise activity in detail.	
Do you smoke? How much?	
Other health concerns/conditions about which we should know?	
Health Insurance	
Group #	
Doctor's Name	Tel:
Emergency Contact	Name
	Relationship
	Phone #
Last medical check-up (Date & Doctor)	
Last tetanus shot (date)	
Medications & remedies that I am bringing:	

This information is accurate and complete. Should I be unable to look out for my own first aid or health care while on an AdventureRabbi trip, I ask that Rabbi Jamie Korngold, the staff of Adventure Rabbi and/or medical personnel, seek and administer appropriate and necessary medical care.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return to: Adventure Rabbi fax 303. 374.6104**

**Explanations and References (on back of this page)**