



PO Box 6363
Boise, ID 83707
info@idaho2fly.org

ACTIVITY RELEASE FORM

Dear Doctor,

Your patient, named below, has applied to attend a 3 day retreat sponsored by Idaho 2 Fly, an Idaho non-profit organization supporting men with any form of cancer in treatment or recovery. Retreat activities include fly fishing in a stream or pond. They are accompanied at all times by an attentive, experienced, volunteer fishing partner. Our guests are encouraged to pace themselves, resting whenever required. We can accommodate most levels of impaired mobility with prior notification. All meals are provided with dietary restrictions taken into account as much as possible. Special attention is given to maintain proper hydration of our guests when engaged in physical activities.

Please complete this form and follow return instructions at the bottom of this form. Thank you.

Guest Name: _____

Location of Retreat: _____ Date: _____

Physical restrictions, special needs or other items that may require attention during the retreat:

It is my opinion that the above named individual is a reasonable candidate to participate in the Idaho 2 Fly retreat on the date specified above.

Physician's Signature: _____

Print name and title: _____ Telephone: _____

Clinic or Practice: _____

RETURN INSTRUCTIONS:

Please fill out form and return to Idaho 2 Fly Retreats, PO Box 6363 Boise, ID 83707 or,
Scan filled completed form and email to info@idaho2fly.org.

For questions, contact our guest services coordinator at 208-462-0402 or email info@idaho2fly.org