



Step 3 Physician Release:

Applicant's Signature: _____

This Part To Be Completed By Physician Only

(Must be submitted prior to escape departure)

Physician's Name:

Physician's Address:

(Including City/State/Zip)

Phone Number: (_____) _____ Fax Number: (_____) _____

Applicant's Diagnosis: _____

I certify that I am the treating physician of the Applicant. I certify that my patient is of sound mind, and capable to sign legal documents. I have discussed (or will discuss) the Great Escape Adventure with my patient and have deemed it safe and reasonable if he/she wishes to participate within the next three months on _____ (Adventure requested)

Signature of Physician, NP or PA only Title

Date