

New Year's Eve Retreat with *Louix Dor Dempriey*  
29 December 2024 – 3 January 2025

## Medical Information

As a condition of participation in this retreat, you are required to complete and return  
(to the address at the bottom of the page) this Medical Information form.

### Personal Information

Name (*as shown on passport*): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_

#### *Emergency Contacts*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### *Your Personal Doctor*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### *Your Medical Insurance Carrier*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

#### *Additional Information (Please give us as much detail as possible)*

Do you have any allergies and/or food sensitivities? \_\_\_\_\_

\_\_\_\_\_

Please list any past or current chronic conditions that may affect your participation in physical activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any recent injuries or illness(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please return completed form to:*

Louix Dor Dempriey Foundation • 24881 Alicia Parkway, Ste E-303, Laguna Hills, CA 92653  
Phone: +1 (888) 288-3735

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Are you taking any medications? ☐ Yes ☐ No

If so, what type, dosage, and frequency? \_\_\_\_\_

For what condition? \_\_\_\_\_

(If you are taking more than one medication, please attach additional information.)

Please provide any additional information regarding your health that you feel is important for us to know:

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## **Emergency Consent**

In the event of an accident, injury, or illness, I hereby authorize and promise to pay for any emergency medical treatment or aid to be administered that, in the Coordinator's\* discretion, may be deemed necessary while participating in this retreat.\*\*

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

\*"Coordinator" means the event producer or any of its agents or assigns.

\*\*I am the Parent or Guardian of the minor named in this Medical Information form, and I have the legal authority to provide this emergency consent on behalf of the abovementioned minor.

\_\_\_\_\_ [Name of Parent/Guardian]

\_\_\_\_\_ [Signature of Parent/Guardian]

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