



**NATIVE PLANT MASTER™ PROGRAM
PARTICIPANT HEALTH DISCLOSURE**

Do you have ANY health conditions that may result in sudden loss of consciousness (i.e. allergies to bees, heart condition, diabetes, sensitivity to heat, etc.) or otherwise hinder your ability to safely participate in the Native Plant Master or Course Certificate program (i.e. muscle or skeletal injuries, etc.)? Please list everything and be specific. (Listing such conditions does not mean you are ineligible. We just want to make sure our trainers are prepared).

Do any of these health conditions require a doctor’s release to participate in potentially risky activities? _____ Yes _____ No

In case of emergency, who may we contact?

Name	Relationship	Phone
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Participant’s Signature	Date
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