



Patriot Resilient Leader Institute
P.O. Box 7384
Gilford, NH 03247-7384

Camp Resilience strives to ensure that participants have a rewarding retreat experience. We accommodate various fitness levels but encourage participants to step outside their normal comfort zones to safely and responsibly challenge themselves. As such, we want to know that applicants are physically and emotionally capable of participating in our retreats. This form is to get verification that the applicant is capable of successfully completing the retreat. We prefer that this form be filled out by a therapist or physician, and a release form is provided on our website if needed by the provider. However, another trusted third-party reference, who is not a close family member, who can speak to the participant's physical and emotional well-being may complete the form if a therapist or physician is not available.

Please submit the completed form by either e-mailing it to info@camp-resilience.org, faxing it to (855) 335-8252, or mailing it to the following address:

Camp Resilience
P.O. Box 7384
Gilford, NH 03247-7384

The third-party reference can also complete the form by phone by calling (978) 219-4003.

Name of Applicant: _____

Please check all boxes and answer questions that are true of this applicant, to the best of your knowledge:

This applicant is physically, mentally and emotionally capable of completing a Camp Resilience session.

This applicant has the following medical conditions:

- This applicant is free of substance and/or alcohol dependence
- This applicant is able to self-regulate his or her emotions
- This applicant has a low likelihood of suicide
- This applicant has a low potential for acting out
- This applicant requires a service animal
- This applicant requires a single room because

Anything else that would be helpful to know about this applicant to help us better manage his or her experience at Camp Resilience:

Please note, this form must be complete in order for the veteran to receive an invitation. Please contact us at (978) 219-4003 with any questions or concerns. Thank you.

Name (Please Print)

Title/ Organization

Signature

Date