



# Physician's Consent

This form is required of all Hante participants.  
Please complete and upload by April 1st.

## To the Hante Participant,

Since your Hante course will be both physically and mentally demanding, we would like for your doctor to understand what a Hante program is all about when he or she performs your physical. Please show this to your doctor when you receive your physical. Your signed and completed medical form, along with this signed letter, is due by April 1st. Thank you for your help.

## To the Physician,

Your patient is planning to participate in a backpacking and wilderness activity course with Hante Adventures this summer. During the course the participant will experience long and hard days and will carry a pack of 40-60 pounds (depending on his or her own body weight). The participant will be camping in remote areas with limited access to medical care for the majority of the three week trip. He or she may also be rock climbing or white water canoeing. A Hante course is strenuous and requires that the participant be in good health, is physically fit, and is ready for a challenge.

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## Physician, please complete the following:

I understand that \_\_\_\_\_ is planning to participate in the activity described above and I have found that he or she is in good health and has no injuries, illnesses, or conditions that would impair his or her ability to participate.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_