

ORAL HULL FOUNDATION FOR THE BLIND
 43233 SE Oral Hull Road, PO Box 157, Sandy, OR 97055, (503) 668-6195
 www.hullparkfortheblind.org
ADULT SUMMER RETREAT REGISTRATION
 2018

PLEASE PRINT THE FOLLOWING INFORMATION:

Name _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

A \$100, nonrefundable, deposit is required with this completed application. Balance is due 2 weeks before event's first day. All transportation arrangements need to be received at least 2 weeks before event's first day. Participants must be age 18 or older, visually impaired and ambulatory. Space permitting, you may bring a sighted companion who will share the same room. (Companions must complete a separate registration from and pay the full retreat cost.) The Oral Hull Foundation promotes independence and participants must understand that staff is here to assist with basic needs in regards to mobility, direction and activities, only.

We are not a medical facility and are not able to serve participants with severe mental and/or physical problems that require trained staff. Staff supervision for daily living skills are not provided. The ability to self-bathe, dress, feed, self-medicate, follow directions, rules and policies is required.

Please mark the retreat in which you are interested

____ I am applying for: **Summer Social Retreat** - a relaxing and laid back, less physically strenuous trip than our Adventure retreats. A week of socializing with people, from all over the U.S., who share similar challenges of sight-loss. Activities could include, tandem bike riding, seeing a live play, visiting local outdoor landmarks in the Mt. Hood National Forest, touring local breweries & wine tasting rooms, kayaking, dinner by the camp fire, horseback riding, crafts, swimming, fishing, archery, team competitions via on-site and outdoor games and lots and lots of fun!
June 4-10 \$650/session

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___ I am applying for: **Friends and Alumni** - This is a relaxing and social summer retreat. Activities may include archery, fishing in our trout pond, walking our park trails, tandem bike riding, and other fun activities. **June 20-25 \$450/session**

___ I am applying for: **Adult Moderate Adventure Retreat** - This is a moderately physical retreat. Activities include white water rafting, horseback riding, kayaking, and other fun social interaction at the park. If you choose not to participate in an activity, you may stay back and enjoy the quiet relaxation of our facility. There may be a Skydiving option available for an additional fee. This option may occur only if a minimum number of participants is met for the activity. **August 8-14 \$650/session**

___ I am applying for: **Adult High Adventure Retreat.** This is a more physically demanding retreat than our Moderate Adventure. It includes white water rafting and many of the same activities as Moderate Adventure but adds a challenge course and outdoor rock climbing. If you choose not to participate in an activity, you may stay back and enjoy the quiet relaxation of our park. There may be a Skydiving option available for an additional fee. This option may occur only if a minimum number of participants is met for each activity. **Aug. 17-23 \$750/session**

Please fill in information below and mark anything that applies:

1. Will you bring a guide dog? **Yes** **No** Name of dog_____.
 There will be one or two adventure trips off the park property where it is not advisable to bring your guide dog. You may choose not to participate in these activities or you may utilize the services of a staff member who will care for your dog while you are gone.

2. Is it acceptable for photos to be taken of you for possible use in promotional advertisements for Oral Hull Park? **Yes** **No**

3. Which is best for you to read? **Regular print** **Email**
 Large print **Braille** **None**

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4. **Roommate preference:** List the name of another person with whom you would like to share a room. This person must also indicate they would like to share a room with you on their application. Please indicate your preference below. All rooms have twin beds and are double occupancy. For a single room there is an **extra nightly** charge of \$35 per night during retreat sessions. Single rooms are limited, to 5 per retreat. So register early!

Roommate Name: _____

5. **Spending Money:** Be sure to bring enough money for one or two meals out on your own and some small bills for our store, which has everything from snack food to Oral Hull t-shirts, coffee mugs, etc. Prices range from \$1.00 on up. We also have a pop machine on site. **All pop is \$1.00.**

Please read through all of the information below including the complete release and hold harmless agreement and sign below.

Personal Property: The Oral Hull Foundation is not responsible for any loss or damage to personal property of participants, staff, volunteers or visitors during your stay. Valuables can be placed in the office safe. All rooms have locking door handles.

Insurance: The Oral Hull Foundation does not provide health and accident insurance for participants. You must carry your own insurance or be prepared to pay the cost of any medical services or prescriptions obtained while at Oral Hull.

Zero Tolerance: Adults who are unable to care for personal needs, need more assistance than we can provide, or are not able to harmoniously live with others will be asked to leave by the director in order to ensure a successful experience for all. There are no refunds if asked to leave camp. We maintain and carry out a zero-tolerance level for any type of violence whether verbal or physical. You will be asked to leave immediately if you physically harm someone or verbally threaten someone or abuse Oral Hull property.

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Notice of Possible Changes: Oral Hull Park plans far in advance for its retreats with the full intention of holding each retreat as scheduled. It may become necessary to cancel a specific retreat in any of the following situations: a natural or manmade disaster or low number of applicants. Oral Hull Park assumes no financial liability for such occurrences.

Smoking Policy - In designated areas only, including medical marijuana.

Signature: _____

Date: _____ **Printed Name:** _____

MEDICAL/EMERGENCY INFORMATION 2016

Required information by all who attend:

Name: _____ **Age:** _____ **Gender:** _____

- | | | |
|---|------------|-------------|
| 1. Do you have any special dietary needs? | None | Diabetic |
| | Vegetarian | Gluten free |

Other special dietary needs, please list in space below:

- | | | |
|--|-----|----|
| 2. Do you have any food or medical allergies?
If yes, please list in space below: | Yes | No |
|--|-----|----|

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3. **If you would like to provide a list of your medications to use in case of emergency, please attach a list to this registration.** If you choose not to provide a list, you should carry a current list on your person and ensure your emergency contact, listed in this registration, also has a copy.

Do you use a white cane? Yes No

Do you use a wheelchair? Yes No

Do you have a disability (other than vision) or chronic disease? Please explain:

Other information you feel is important for us to know:

Emergency Contact Person (Note: Contact must be available 24/7)

Name _____ Relationship _____

Address _____ City _____ State _____

ZipCode _____

Cell # _____ Work # _____ Home # _____

Physician to consult in cases of accident or emergency

Name _____ Phone _____

Hosp./Med. Office name _____ Phone _____

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This health history is correct so far as I know and the person herein described has permission to engage in all activities, except as noted. I hereby consent to any radiological procedure, examination, anesthetic, medical/surgical diagnosis/treatment, and hospital service that may be rendered under the general/special instruction of above named physician/any hospital, or at Oral Hull. This consent shall remain in continuous effect until revoked in writing. A photocopy of this authorization shall be considered as effective and valid as the original. The Oral Hull Foundation does not provide health/accident insurance for participants. Participants must carry their own insurance or be prepared to pay the cost of any medical services or prescriptions obtained while at Oral Hull.

Signature: _____

Date: _____

Printed Name: _____

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COMPLETE RELEASE AND HOLD HARMLESS AGREEMENT

By my signature on this document, I state that I have read all the above information and assume all liability from any cause whatsoever that may arise, out of or in connection with, Oral Hull Foundation for the Blind, Inc. including, but not limited to all liability from any cause whatsoever, for personal injury or property damage; in connection with, or during the time of my presence, at any businesses or other enterprise of this nonprofit organization. I release and hold harmless the Oral Hull Foundation for the Blind, Inc., its employees, agents, volunteers, assigns, and successors (hereinafter, "the protected parties") from all liability from any cause whatsoever as described above.

The consideration for this document is the services that the Oral Hull Foundation for the Blind is providing to me. This document shall be given a liberal construction, with all ambiguities resolved in favor of the protected parties. If any provision of

this document is deemed to be partially void, invalid, or unenforceable, that provision shall continue in full force and effect to the maximum extent permitted by law, and all remaining provisions of this document is deemed to be completely void, invalid, or unenforceable, that provision shall be served from the remainder of this document, and all remaining provisions of this document shall continue in full force and effect.

Signature Date: _____

Printed Name

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Transportation: Please check one

- 1. I will provide my own transportation directly to Hull Park.
- 2. I need to be picked up at: Airport Train Station Bus Station

Please try to schedule flight or train arrivals and departures in Portland, OR between 11:00 am and 1:00 pm PST. We understand this is not always an option and will strive to accommodate other times to the best of our ability.

Arrival Date: _____ Time: _____ Airline _____ Flt/Trn/Bus# _____

Dept. Date: _____ Time: _____ Airline _____ Flt/Trn/Bus # _____

- 3. I need to be picked up at:

Pick Up Locations on First Day of Event

- 1:15 p.m. Cleveland Max Station (8th and Cleveland, Gresham)
- 1:25 p.m. Carl's Jr. (1678 NE Burnside Rd, Gresham - 8th and Burnside)

Departure Time on Last Day of Event Leave Hull Park at 10:00 a.m.

- 10:30 a.m. Arrive at Carl's Jr. (1678 NE Burnside Rd, Gresham)
- 10:45 a.m. Arrive at MAX: (Cleveland Ave, Gresham)

* All times are approximate. We strive to be on time.

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Please check the line that you are best able to read. This will help us create printed material that is most useful to you. If you cannot read print, you can leave this page blank.

- Font size 18 in Calibri bold
- Font size 22 in Calibri bold
- Font size 26 in Calibri bold
- Font size 28 in Calibri bold
- Font size 36 in Calibri bold
- Font size 48 in Calibri bold
- Font size 72 in Calibri bold

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Office Use only:

Forms Received by Oral Hull Foundation for the Blind on: _____

- Registration Registration fee paid in full Deposit
- Photo Permission
- Emergency Contact Information
- Release & Hold Harmless
- Transportation Information

Thank you for completing this form. You will receive an email, letter or phone call acknowledging that we have received your completed registration.
