

Living with Vision Loss Seminar
“Introduction to Living with Vision Loss”

September 11-13, 2018

Oral Hull Foundation for the Blind, Inc.

43233 SE Oral Hull Road, PO Box 157, Sandy, OR 97055

Name: _____ Age ___ Gender M F

Please print all information

Street Address

City

ST

Zip

Phone _____ Cell _____

Email _____

Is it okay for us to share your contact information with other seminar attendees or organizations who provide resources to people with vision loss?

Yes No

Arrive: Tues., Sept. 11th at 10:00 am Depart: Thurs., Sept. 13th at 3:00 pm

Cost: \$150.00 per adult – Includes 2 night’s single occupancy dorm room, all meals and activity supplies. Please prepay by two weeks prior to seminar start date. We accept check, money order, or credit card via phone, 503-668-6195 (MC, VISA, or AMX) or mail to: Oral Hull Foundation for the Blind, Inc. PO Box 157, Sandy, OR 97055

NEW CANCELATION POLICY

All fees must be received by August 28, 2018 (two weeks before start date). Cancellations within two weeks of start date will result in a charge of \$100. No shows will result in a forfeiture of entire amount received.

Please help us to meet your specific needs by answering the following questions:

1. How long have you experienced a vision loss?

2. Please give a brief description of your current vision loss.

3. What is easiest for you to read? Reg. print Email
 Braille None Large Print (If you choose Large Print, please be sure to mark the Font size that works best for you found on the next page.)

4. Do you have any special dietary needs? None
 vegetarian gluten free diabetic
 other, please list in space below:

5. Do you have any food (or medical) allergies? _____
If yes, please list:

6. 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.

7. Is it okay for us to use any photos we may take of you on social media and/or advertising to promote the Oral Hull Foundation for the Blind, Inc.?
 Yes No

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.

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Please read through all of the information below including the complete release and hold harmless agreement and sign at the bottom of this registration form.

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.

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.

I have read and agree to abide by the operating policies of the Oral Hull Foundation for the Blind, Inc.

X Authorized signature: _____

Printed Name: _____ Date: _____

COMPLETE RELEASE

AND HOLD HARMLESS AGREEMENT

By my signature on this document, I assume all liability from any cause whatsoever that may arise, out of or in connection with, Oral Hull Foundation for the Blind, Inc. (herein called "this nonprofit organization"), 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 this nonprofit organization, 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 this nonprofit organization 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 severed from the remainder of this document, and all remaining provisions of this document shall continue in full force and effect.

Name (print) _____

Signature _____

Address _____

Date _____ **Phone:** _____

Thank you for completing this form. You will receive an email, letter or phone call letting you know that we have received your registration paperwork and confirmed your transportation needs.

We look forward to seeing you!

Office Use only: Forms Received

- Registration Registration fee paid in full Photo Release
- Other payment information (ex.: full or partial camperships, payment plan, etc.)

- Emergency Information Release & Hold Harmless Transportation Information