

ORACLE Religious Association

BMW - Blind Men Witness

REGISTRATION FORM

2023 - Washington, DC - BMW Retreat

The ORACLE Center
6101 New Hampshire Ave., NE
Washington, DC 20011

Saturday, December 9th, 2023



Registration Type

Full Payment Registration Fee \$187.40

Partial sponsorships may still be available: Please call 202-528-8633.

The required Release Forms must also be completed and submitted with the registration form.

Fees include:

- Access to all in-person presentations and sessions.
- BMW Packet and session materials.
- Meals: Saturday, Lunch and Dinner
- Closing Eucharistic Celebration: by Msgr. Raymond East at 4:30 pm on Saturday

Please completely fill in the forms below.

• **Full Name***

First Name: _____ Last Name: _____

• **Address***

Street Address: _____

Street Address Line 2: _____

City: _____ State / Province: _____

Postal / Zip Code: _____ Country: _____

• **E-mail***

example@example.com: _____

• **Phone Number: * (____) - _____**

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REGISTRATION FORM

Select YES or NO option for all boxes

- First time attending an Oracle event? *
- I will attend Saturday, December 9, 2023

- Are you willing to sign a liability release form as required?
- Are you willing to present your personal, legal ID? *
- Are you willing to present your Vaccination proof or be tested as required?
- Do you agree to on-site temperature checks (non-fever verification)?
- Are you using a wheelchair or crutches?
- Are you hearing or sight impaired?
- Are you willing to wear a mask if required?
- Are you willing to sign a virus release form if required?
- Are you willing to sign a recording & taping release form as required?
- Do you require a vegetarian meal?
- Do you have food allergies?

If yes, please list _____

Signature _____ Today's Date _____

On-Site Signature (Required) _____ **On-Site Date** _____

FULL PAYMENT for REGISTRATION FEES

Retreat Registration Fee (Individual)	\$187.40
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RETREAT ITEMS

- Crucifix
- Blindfolds
- Wash Bowls
- White "Probing" Cane
- Mirrors
- Anointing Oil Cloth

The required Release Forms must also be completed and submitted with the registration form.

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information - FOR INSTALLMENT PLAN ONLY				
Card Type:	MasterCard	VISA	Discover	AMEX
Kindly select only one credit card type.				
Cardholder Name (as shown on card): _____				
Card Number: _____ CVV (Please call ORACLE 202-528-8633)				
Expiration Date (mm/yyyy): _____				
Cardholder ZIP Code (from credit card billing address): _____				
Full Registration Fee (\$187.40), Pay now! Deadline is November 15th, 2023.				

I, _____, authorize ORACLE Religious Association to:

1. Charge my credit card above for full payment of \$187.40 on _____ Initial _____

Customer Signature

Today's Date

On-Site Customer Signature (Required)

Date

The deadline for cancellation is Wednesday, November 15, 2023.

Please see refund and cancellation policy on page 7.

The following Release Forms must be completed and emailed to drmartin@oraclereligious.org.

ORACLE Religious Association

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Release of Liability

I hereby release and agree to hold ORACLE Religious Association harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damages or loss of myself and/or property that may be caused by any act, or failure to act of ORACLE, that may otherwise arise in any way in connection with Services or events while attending ORACLE.

I understand that this release discharges ORACLE from any liability or claim that I, my heirs, and any personal representatives may have against ORACLE in respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to participating in and attending any ORACLE Services and events.

The liability waiver and release extend to ORACLE Religious Association, its staff, or personnel, their families, the participating members of the Services, the Archdiocese of Washington, DC and any (Arch)Diocese(s) together with the Cardinal(s), (Arch) Bishop(s), Priests, Deacons, Men/Women Religious and employees, or outside contract organization(s) legally bonded to ORACLE Religious Association.

_____ **I AGREE (Initial)**

Please completely fill in the forms below.

- **Full Name***

First Name

Last Name

- **Address***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

- **E-mail***

example@example.com

- **Phone Number *** (_____)

Signature (will also be required on-site)

Today's Date (Required)

Signature on-site _____

Date On-Site _____

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Release of Liability COVID –19, Omicron, and Variants

ORACLE Religious Association (ORACLE) founded by Sr. Dr. Oralisa Martin in 1992 is a non-profit, tax-exempt Christian organization. Its Headquarters is based at 6101 New Hampshire Avenue, NE, Washington, DC 20011 (USA). Below is the release of liability as regards the COVID – 19, Omicron, and Variants.

Each person attending ORACLE Religious Association Services must complete and sign a COVID – 19 Protocol release form prior to or upon arrival at the event.

Please review and affirm acceptance of the ORACLE guidelines and waiver liability.

I acknowledge the contagious nature of the Coronavirus/COVID –19 and that many public health authorities still recommend safe protocol.

Click YES or NO option for all boxes.

I further acknowledge that ORACLE has put into place preventive measures for the protection of Retreat attendees.

I attest that (Click YES or NO):

I have been fully vaccinated for COVID –19 and any related variants, or I am willing to be tested for COVID on-site prior to entry to event site.

I understand that if I test positive, I will not be admitted to the event site, and will be refunded 50% of the paid Retreat fee.

Have you been recently diagnosed with COVID-19 or any related variants?

Have you experienced any COVID symptoms or illness such as cough, shortness of breath, or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell within the last 14 days?

Have you traveled outside of the country within the last 14 days?

Have you traveled to a highly impacted area within the USA in the last 14 days?

I am following all CDC recommended guidelines as much as possible, and am limiting my exposure to the COVID-19 and related variants.

Signature (will also be required on-site)

Today's Date

Signature (on-site) _____

Date on-site) _____

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Photograph & Video Release Form

I hereby grant permission to ORACLE Religious Association to the rights of my image, likeness and sound of my voice as recorded on audio or videotape as well as any written comments associated with my name without payment or any other consideration. I understand that my image or written comments may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness or name appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image, recording or comments. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Photographic, audio or video recordings and written comments may be used for, but not limited to, the following purposes: conference, educational, and informational presentations and/or

- on-line educational courses
- educational videos

By signing this release, I understand this permission signifies that photographic or video recordings or written comments of, or by, me may be electronically displayed via the Internet or in the public setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

First Name _____ Last Name _____

Street Address/P.O. Box _____

City _____ State _____

Prov/Postal Code/Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

On-Site Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____

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Refund and Cancellation Policy

Should ORACLE Religious Association have to cancel the *BMW - Blind Men Witness* Retreat, all paid participants shall receive a full refund of the money paid to ORACLE within thirty days, upon written notification of cancellation.

The deadline for retreatant's cancellation is Wednesday, November 15, 2023.

There is a cancellation fee of 20% of the money paid-to-date should the retreatant cancel by midnight Wednesday, November 15, 2023 (Eastern Standard Time). The money will be refunded to retreatant within thirty days, upon written notification of cancellation.

Should the retreatant, by written notification, cancel after midnight of Wednesday, November 15, 2023, 80% of the money paid can be credited to the retreatant (or for the retreatant's colleague, family, or friend) for a future ORACLE Retreat within 24 months, or otherwise forfeited.

ORACLE'S registration process is to be adhered to.

Cancellations after Wednesday, November 15, 2023 warrant no monetary refunds.

I, _____, the paying party, agree to the terms of this policy.

Signature: _____ Date: _____

Please save this document now.

PAYMENT OPTIONS: CASH APP - ZELLE - CREDIT CARD

When using Cash App or Zelle, please type in memo: For ORACLE BMW

Please indicate your payment method:

FULL PAYMENT (\$187.40) with Cash App use: \$OralisaMartin.

FULL PAYMENT (\$187.40) with Zelle use: 202-528-8633.

FULL PAYMENT (\$187.40) w/credit card, return to website, click **SHOP NOW**, select **Full Payment**.

Save this completed registration document again.

Now email the document as an attachment to drmartin@oraclereligious.org.