

Medomak Astronomy Retreat and Symposia July 28-August 3, 2019

Please fill out a separate registration form for each participant.

A \$100 *non-refundable* deposit is required and will be applied toward your tuition. First payment (half of total tuition) is due by February 1, 2019. Final payment is due by May 1st, 2019. **You may still register, space permitting, up until the retreat begins.**

We offer van transportation for you and your telescope from Portland International Airport (PWM) to camp on Sunday, July 28th, leaving the Portland International Airport at 2:00 p.m. and arriving at camp at 3:30 p.m. We will provide the same transportation from camp to Portland International Airport on Saturday, August 3rd, leaving camp at 9:30 a.m. and arriving at the airport at 11:00 a.m. Please indicate below if you would like this additional service.

Cabin Check-In: 3:00 p.m. on Sunday, July 28th. (*Guests may arrive after 12:00 p.m. to set up telescopes on our field—lunch will be served at 12:30 p.m.*)

Check-Out: By 10:00 a.m. on Saturday, August 3rd with breakfast served that morning.

Program is limited to a maximum of 40 participants.

Please check all below that apply and fill in your expected arrival time and the total amount due.

All-Inclusive Tuition w/Private Cabin.....\$1395*

All-Inclusive tuition w/Shared Private Cabin.....\$1195*

Participants traveling in pairs, or individuals looking to share a cabin may do so for this discounted rate

Van Ride from Portland Airport to Camp.....\$52.75**

Van Ride from Camp to Portland Airport.....\$52.75**

*Cabins have full bath with hot water, and are furnished with two twin beds.
A set of linens and towels are provided for the week*

**includes 8% Maine state meals and 9% lodging tax*

***includes 5% Maine state sales tax*

Expected Arrival Time:_____

Total Due:_____

Total Enclosed:_____

Checks should be made payable to Medomak Camp and mailed with completed form to:

Prior to June 1st:
12230 Clarksville Pike, Suite C
Clarksville, MD 21029

After June 1st:
178 Liberty Rd.
Washington, ME 04574

Ph. (301) 854-9100 or toll free 1-866-MEDOMAK / Email: retreats@medomakcamp.com

MEDOMAK RETREAT CENTER

PERSONAL INFORMATION & ACTIVITY WAIVER

Welcome to the Medomak Retreat Center! We're excited that you will be joining us for the Medomak Astronomy Retreat and Symposia. To serve you better while you are at camp, please provide us with the following information:

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

This will be my (first, second, tenth, etc.) _____ year attending Medomak.

How did you hear about us? _____ T-shirt size _____ (Male/Female)

Date of Last Tetanus Shot: _____ Date of Last Physical: _____

Allergies: _____

Medications: _____

Have you had recent or past medical conditions or treatments that could affect participation in physical camp activities? If so, please describe. _____

Note food allergies/if you are Vegetarian (specify if you do/do not eat dairy, eggs, fish, etc...) _____

Swimming Ability (non-swimmer, novice, intermediate, advanced):

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Primary Care/Family Physician: _____

Phone: _____

Insurance Provider: _____

Group Number: _____

Waiver:

I am fully aware of the potential risks and dangers inherent in engaging in outdoor recreational activities and in living in an outdoor camp environment. I have had the opportunity to read all the materials provided by Medomak Camp, and have had the opportunity to ask Medomak Camp representatives all the questions that I deem necessary to make an informed decision regarding attendance at Medomak Camp. I understand and accept all of the terms of attending Medomak Camp and agree to release Medomak Camp, its owners, officers, employees, agents, and representatives from any and all claims for loss or damage of property and/or personal injury sustained by any family member and myself while engaging in activities associated with Medomak Camp. I sign this waiver on my own behalf and on behalf of all my minor children.

Name (printed): _____

Name (signed): _____ Date: _____

Consent of Use of Photos and Statements:

We have found that, over the years, the photos and comments provided by attendees of Medomak are our best kind of marketing. The impact of individuals telling others of their experience at camp has proven very powerful in our effort to grow and be successful. By signing this consent, you are agreeing to let us use any photos or comments that we can attribute to your time at camp. Please do not feel obligated to sign this consent form. However; if you do sign, we want to thank you for your consideration.

I agree that photographs and statements of or about my experience at the Medomak Retreat Center may be used in promoting the camp or its related activities.

Name (printed): _____

Name (signed): _____ Date: _____

Name (printed): _____

Name (signed): _____ Date: _____

Name (printed): _____

Name (signed): _____ Date: _____

Permission to Treat

Activities at Medomak Retreat Center are “at your own risk”, and unfortunately there are occasional opportunities for injuries. For the typical situation at Medomak Retreat Center, should any accident with injury occur, participants are usually able to act on their own behalf to make decisions as to the type and extent of medical treatment. Medomak staff on hand at the time will always seek to assist based on their first-aid training in consultation with the participant.

Should an adult be injured such that they are unable to exercise their authority to make a decision as to type and extent of medical treatment, Medomak staff may need to take immediate action. To allow for immediate treatment should an adult not be able to exercise their authority, Medomak requires that every adult camper give permission for Medomak staff, in consultation with medical personnel, to provide either routine or emergency medical treatment. The same form also serves to allow Medomak staff in consultation with medical personnel to treat all minor children in a given family in case their parent/guardian is not available or able to participate in medical decisions.

Entry of names in the statement below signifies that each person understands and grants permission for Medomak to provide medical treatment as provided in the statement. Each adult (18 and over) member of the family unit (family members and non-family members) must acknowledge approval. A parent or guardian may acknowledge approval for each minor (under 18) member of the family unit.

Each of the members of the family unit (family and non-family members) having entered their name below hereby give permission to the Medomak Nurse, as well as other medical personnel selected by the Medomak Nurse or Director to administer medical treatment, including hospitalization; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the named person who is attending camp with my family. In the case of minor campers (less than 18 years) this approval applies in the event the parent/guardian cannot be reached in an emergency. In the case of an adult, approval applies if in the opinion of the Medomak Nurse in consultation with the Medomak Director the injured adult is unable to participate in medical decisions. This completed form may be photocopied for trips away from the Retreat Center.

Name(printed): _____

Name (signed): _____

Date: _____

Name(printed): _____

Name (signed): _____

Date: _____

Name(printed): _____

Name (signed): _____

Date: _____

If you would like to share a cabin, but don't have a specific person in mind, please provide us with the following information so that we can best match you with a suitable roommate. We will do our very best to pair participants, but we cannot guarantee outcomes.

- Your age: _____
- Are you a morning person? _____
- Do you stay up late? _____
- Are you a light sleeper? _____
- Do you snore? _____