



# Reading the Landscape with Tom Wessels

## July 20 – July 25, 2015

Each participant should fill out a separate registration form. A *non-refundable* \$100 deposit is required to reserve your spot and will be applied to your tuition. Payment in full is due by June 1<sup>st</sup>, 2015 (registrations will still be accepted after June 1<sup>st</sup>). Maximum group size is 20 participants; however, if a minimum threshold of 10 is not met by June 1<sup>st</sup>, we reserve the right to cancel the program (full refunds will be given). Contact us about group discounts for parties of five or more.

### All-Inclusive Tuition:

Registration <i>includes lodging in shared dorm-style cabin</i>	\$900/person*
Private cabin <span style="float: right;"><i>additional</i></span>	\$200
Overnight Sunday, July 20 <sup>th</sup>	\$55*
Includes continental breakfast on Mon.	
Linen Rental	\$32*
Includes mattress pad, sheets, blanket, pillowcase, towels, & beach towel	

*\*Includes 8% Maine state meals and lodging tax*

Checks should be made payable to Medomak Camp and mailed to:

Medomak Camp and Retreat Center  
13220 Westmeath Lane  
Clarksville, MD 21029



Phone: 301-854-9100 or toll free 1-866-MEDOMAK Email: [retreats@medomakcamp.com](mailto:retreats@medomakcamp.com)

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## Reading the Landscape with Tom Wessels July 20 – July 25, 2015

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check all that apply:  writer  educator  student  other \_\_\_\_\_

Requesting a private cabin? Yes / No

Overnight stay Sunday, July 19<sup>th</sup> ? Yes / No

Requesting linens? Yes / No

Total \$ amount due: \_\_\_\_\_ Total \$ amount enclosed: \_\_\_\_\_

How did you hear about the workshop? \_\_\_\_\_

Vegetarian: Yes \_\_\_ No \_\_\_ Medical-related food issues \_\_\_\_\_

**MEDOMAK RETREAT CENTER**

# PERSONAL INFORMATION & ACTIVITY WAIVER

Welcome to the Medomak Retreat Center! We're excited that you will be joining us for Reading the Landscape. To serve you better while you are here, please provide us with the following information:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Vegetarian or Medically-Related Dietary Needs -

\_\_\_\_\_  
\_\_\_\_\_

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. 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: \_\_\_\_\_

## 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: \_\_\_\_\_