

Natural Eyesight Improvement Waiver & Registration Form

Student Name: _____
Please print; also print parent's name if student is under 18

I am registering for the following:

Individual Instruction Other: _____

Multi-week Workshop Weekend or single event Workshop
Class Day(s): Sat Sun Mon Tues Weds Thurs Fri
Date class starts: ____ / ____ / ____

Home phone: _____ Address: _____

Work/cell: _____

E-mail: _____ city, state zip

I understand that the purpose of this educational course is to learn about Natural Eyesight Improvement. It is an opportunity to relearn the habits of normal eyesight. I understand that I am responsible for integrating what is taught into my life in order to benefit from this educational program.

I understand that this course is not diagnosis, treatment, prescribing, therapy, counseling, or determination of function. I understand that the Vision Improvement Center (VIC) natural eyesight improvement teacher is not an optician, optometrist, ophthalmologist, physician, psychologist, or therapist. I am advised to have an eye doctor monitor my progress and prescribe weakened lenses when needed. If I have a history of eye pathologies, (for example cataract or glaucoma) I agree to be under the care of an ophthalmologist during the entire course. I agree to inform VIC about any and all eye surgeries, including refractive corneal surgeries, performed on me before enrollment

I am solely responsible for my own reactions and feelings in response to the material presented in the VIC course. I understand that I may have uncomfortable reactions if I choose to engage in self-healing activities like those taught in the VIC course. The teacher is available to discuss these issues, and may refer the student to other health practitioners and educators. I agree to not hold VIC responsible for any changes or lack of changes of eyesight or anything else. I understand that self-healing can take from several weeks or months to several years, or longer.

Tape recordings by students are not permitted unless authorized by the teacher. To preserve the small class setting, guests are not permitted in classes unless authorized by the teacher.

The deposit portion of a workshop tuition secures enrollment in the class and is not refundable, but may be applied toward a future class. Full payment is required before the first class in order to attend the classes.

I agree to hold harmless and indemnify VIC, its officers, agents, and employees from any and all liability for any personal injury or property damage arising out of VIC-related activities.

This completed form and a deposit or full payment are required to reserve your space in the Natural Eyesight Improvement course. Within the final week before a workshop starts please call 970-224-5754 to confirm space is available and arrange payment.

Checks are payable to Vision Improvement Center, 140 E Harvard Street, Fort Collins, CO 80525

Total Class Fee: \$ _____ (regular or early registration amount)

Payment with this form: \$60.00 minimum deposit (balance due before first class)

\$ _____ other deposit amount

Full payment

Signature: _____ Date of Birth: ____ / ____ / _____

Parent signature required if student is under 18

Today's date: ____ / ____ / _____