



ORACLE Religious Association

Path of the Suffering Savior: JESUS CHRIST

2025 RETREAT REGISTRATION FORM

St. Mary of the Angels Community Center
St. Josephine Bakhita Catholic Church
2225 Congress Street, New Orleans, LA 70117
Fri., March 14th - Sat., March 15th- Sun., March 16th

Program Fee \$525 Registration Type (Check only one box below)

Early Bird Full Payment Registration Fee \$485.00 until January 15, 2025.

Early Bird Full Payment Registration Fee \$500.00 until March 1, 2025.

Full Payment Registration Fee \$525.00 after March 1, 2025.

2 Installment Payments w/credit card: 1st payment of \$271 + 2nd payment of \$271 = (\$552)

(Installment payment deadline March 8, 2025. To use the installment plan, the attached Credit Card Authorization form must be completed and submitted with this application.)

Fees include:

- Access to all in-person presentations and sessions.
- Retreat Program Resources
 - 34-Page 6"x9" Prayer Book
 - 15-Cards 3"x5" Prayer Cards
- Meals (Friday *Dinner*, Saturday *Lunch and Banquet*)
- Closing Eucharistic Celebration

Please completely fill in the following forms.

• **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: * (_____-)_____**

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

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REGISTRATION FORM

- **Select YES or NO option for all boxes**
- First time attending an Oracle event? *
- I will attend Friday, March 14th, Saturday, March 15th and Sunday, and March 16, 2025
Attendance for all 3 days required.
- 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 as required?
- Are you willing to sign a virus release form as required?
- Are you willing to sign a no recording, taping, copying 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 _____

| | | |
|--|----------|----------------|
| RETREAT FULL PAYMENT REGISTRATION Fee | \$525.00 | |
| | | Total \$525.00 |

RETREAT INSTALLMENT REGISTRATION FEES - (Credit Card only; see next page)

| | | |
|--|----------|----------------|
| Installment Registration (1 st Payment) | \$271.00 | |
| Installment Registration (2 nd Payment) | \$271.00 | |
| | | Total \$552.00 |

RETREAT PROGRAM RESOURCE PACKET

- 34-Page 6"x9" Prayer Book (Received at Retreat)
 - Includes Personal Intercessory Prayer for Group or Congregation
- 15-Cards 3"x5" Prayer Cards (Received at Retreat)
 - For praying the "Stations"
- 15-Posters 11"x17" Meditation Posters (**Available for Purchase**)
 - Beautiful Kenyan Icons by Brother Michael O'Neil McGrath, OSFS
 - "Walk the Path of The Suffering Savior"

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 | |
| <u>Kindly select only one credit card.</u> | |
| 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): _____ | |
| Retreat Payment Deadline is March 8, 2025. Amount authorized is two (2) consecutive payments. Installment Registration (1st Payment) payable by January 15, 2025. Installment Registration (2nd Payment) payable by March 8, 2025. | |

I, _____, authorize ORACLE Religious Association to charge my credit card above for agreed-upon purchases. I understand that my information will be saved to file for installments.

The deadline for paying the \$525 retreat fee is Monday, March 8, 2025.

_____ Today's Date
Customer Signature

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

The deadline for cancellation is March 8, 2025.

Please see refund and cancellation policy on page 8.

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

ORACLE Religious Association

Path of the Suffering Savior: JESUS CHRIST

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 held at ORACLE.

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 New Orleans, LA 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 _____

ORACLE Religious Association

Path of the Suffering Savior: JESUS CHRIST

NON-INFRINGEMENT AGREEMENT

This release form safeguards the intellectual property of ORACLE Religious Association and Sr. Dr. Oralisa Martin and the artist, Brother Michael O'Neill McGrath, OSFS.

All rights reserved. No portion of this retreat, The PATH of the Suffering Savior: JESUS CHRIST, its design, teachings, prayers, and/or meditations, along with the participants' contributions may be reproduced, stored in a retrieval system, or transmitted in any form or by any means - electronic, mechanical, photocopying, recording, scanning or other except for brief quotations on critical reviews or articles, without the prior written permission of an official representative of ORACLE Religious Association. The same applies to the artwork. Artist is owner of artwork.

To execute The PATH of the Suffering Savior: JESUS CHRIST, archdioceses, dioceses, churches, parishes, organizations, religious communities, groups, or individuals must contract with ORACLE Religious Association.

All *Kenyan Stations of the Cross* images are used with permission and are owned by the artist, Brother Michael O'Neill McGrath, OSFS.

_____ **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 _____

ORACLE Religious Association

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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 Corona-virus/COVID –19 and that the CDC and many other 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 to reduce the spread while attending ORACLE services.

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 diagnosed with COVID-19 or any related variants within the last 14 days?

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 be required on-site)

On-Site Signature _____

Today's Date

Date _____

ORACLE Religious Association

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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.

Full Name _____

Street Address/P.O. Box _____

City _____

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 _____

ORACLE Religious Association

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Refund and Cancellation Policy

Should ORACLE Religious Association have to cancel, *The Path of the Suffering Savior: JESUS CHRIST* 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 Retreat Attendee cancellation is March 8, 2025

Should the Attendee cancel by midnight March 8, 2025 (Eastern Standard Time) the balance if **paid-in-full** (\$525) will be refunded to the Attendee within thirty days, upon written notification of cancellation, or the balance of **installments-as-paid** will be refunded to Attendee within thirty days, upon written notification of cancellation.

Any Application fee (if charged) is non-refundable.

Should the Attendee, by written notification, cancel after midnight of March 8, 2025 the total Retreat fee paid can be (a) transferable to Attendee's colleague, family, or friend, or (b) credited to the Attendee for a future ORACLE Retreat within 24 months, or (c) otherwise forfeited.

ORACLE'S registration process is to be adhered to.

Cancellations after March 8, 2025 warrant no monetary refunds.

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

Date:



**Save this document NOW!!!
or you will lose your edits.**

FIRST - Save this completed registration document, THEN email it as an attachment to: drmartin@oraclereligious.org.

PAYING FOR YOUR REGISTRATION

For FULL PAYMENT (\$525) with Cash App use \$OralisaMartin; with Zelle use 202-528-8633.

MAKING YOUR PAYMENT ON ORACLE'S WEBSITE

For FULL PAYMENT (\$525.00) w/credit card, click **BUY NOW**; select "Full Payment" Registration.
For INSTALLMENT PAYMENT (\$552.00) w/credit card, click **BUY NOW**; select "Installment Plan."

* 1st Credit Card Installment Payment: \$271.00 automatically deducted by January 15, 2025

* 2nd Credit Card Installment Payment: \$271.00 automatically deducted by March 8, 2025.