



ORACLE Religious Association

2025 ORACLE WWW DIRECTED RETREAT

REGISTRATION FORM

2025 - Washington, DC Retreat

Friday, January 31 - Saturday, February 1 - Sunday, February 2

Registration Type (Check only one box below)

Full Payment Blue Bird Registration Fee \$1000.

Late Registration Fee after January 15, 2025 is \$1025.

2 Installment Payments: 1st payment of \$500.00 + 2nd payment of 500.00.

(Full installment payments deadline is January 15, 2025. The attached Credit Card Authorization form must be completed and submitted with this application to use a credit card.)

With Cash App use \$OralisaMartin; with Zelle use 202-528-8633.

REGISTRATION SCHEDULE:

- Registration is January 3 to January 15 - \$1000
- Late Registration AFTER January 15 - \$1025
- NO Registrations will be accepted after January 15
- Lodging and Meals Included
- 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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• **Select YES or NO option for all boxes**

• First time attending an Oracle event?

I will attend Friday, Jan. 31 - Saturday, Feb. 1 - Sunday, Feb. 2

Attendance for three 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 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 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 _____

RETREAT FULL PAYMENT REGISTRATION Fee \$1000.00

Total \$1000.00

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

Installment Registration (1st Payment) \$500.00

Installment Registration (2nd Payment) \$500.00

Total \$1000.00

For installment payment using Cash App (\$OralisaMartin) or Zelle (202-528-8633), please call ORACLE at 202-528-8633 to verify payment.

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



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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.
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 January 15, 2025. Amount authorized is two (2) consecutive payments. Installment Registration (1st Payment) payable by January 3, 2025. Installment Registration (2nd Payment) payable by January 15, 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 \$1000 retreat fee is January 15, 2025.

Customer Signature Today's Date

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

The deadline for cancellation is January 15, 2025.

Please see refund and cancellation policy on page 7.

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



ORACLE Religious Association

2025 ORACLE WWW DIRECTED RETREAT

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 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
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- **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 _____

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



ORACLE Religious Association

2025 ORACLE WWW DIRECTED RETREAT

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 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 Conference 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)

Today's Date

On-Site Signature _____

Date _____

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



ORACLE Religious Association

2025 Directed Retreat Registration Form

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 _____
 These Release Forms must be completed and emailed to drmartin@oraclereligious.org.



ORACLE Religious Association

2025 ORACLE WWW DIRECTED RETREAT

Refund and Cancellation Policy

Should ORACLE Religious Association have to cancel *The DIRECTED* 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 January 15, 2025 Should the Attendee cancel, by written notification of cancellation, prior to midnight January 15, 2025 (Eastern Standard Time) the balance if **paid-in-full** (\$1000) will be refunded to the Attendee within thirty days, or the balance of **installments-as-paid** will be refunded to the 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 January 15, 2025 the total \$1000 Retreat fee can be: (a) transferable to Attendee's colleague, family, or friend; or (b) credited within 24 months to the Attendee for a future ORACLE event; or (c) otherwise forfeited.

ORACLE'S registration process is to be adhered to.

Cancellations after January 15, 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 PAYMENT (\$1000) with Cash App use \$OralisaMartin; with Zelle use 202-528-8633.

MAKING YOUR PAYMENT ON ORACLE'S WEBSITE

For FULL PAYMENT w/credit card, click BUY NOW; select "Full Payment" Registration.

For INSTALLMENT PAYMENT w/credit card, click BUY NOW; select "Installment Plan."

* 1st Credit Card Installment Payment: \$500 automatically deducted upon registration.

* 2nd Credit Card Installment Payment: \$500 automatically deducted September 25, 2025

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