



Program Registration Form

Please read the following text very carefully

I understand that:

- ⇒ The purpose of this educational course/seminar/lesson is to learn about natural eyesight improvement. It is an opportunity to relearn the habits of normal eyesight.
- ⇒ I am responsible for integrating what is taught into my life to benefit from this educational program. Relearn2see has observed a high correlation between a student's relearning of natural eyesight habits and improved vision. Non-application of these habits has not led to improvement.
- ⇒ Relearn2see programs do not provide diagnosis, treatment, prescribing, therapy, counseling, or determination of function of the eye.
- ⇒ Relearn2see natural eyesight improvement teachers are not opticians, optometrists, ophthalmologists, physicians, psychologists, or therapists. They are teachers.
- ⇒ There can be some uncomfortable reactions if I choose to engage in self-healing, vital-life activities, like those taught in the relearn2see programs.
- ⇒ The teacher is available to discuss these issues. The teacher may refer the student to other health practitioners and educators.
- ⇒ That self-healing, as with other natural, holistic and/or vital-life oriented approaches, can take from several months to several years, or more.

I am advised to have an eye doctor monitor my progress and prescribe weakened lenses when needed. If I have had a history of eye pathologies, (e.g. cataract, glaucoma) I agree to be under the care of an ophthalmologist during the entire course.

I agree:

- ⇒ **To inform relearn2see staff about any and all eye surgeries, including refractive corneal surgeries, performed on me before enrollment.**
- ⇒ That I, and not the teachers, nor relearn2see, nor any persons, or facilities associated with relearn2see, am solely responsible for my own responses, reactions, and feelings to the material presented in the relearn2see programs.
- ⇒ To not hold relearn2see responsible for any changes or lack of changes of eyesight or anything else. Many individuals who have blur have had stress on their vision for a long time. The teacher is available to students by phone during normal business hours. These are provided in the relearn2see course folder given to you at the first class.

The office is usually closed on weekends, holidays, and holiday weekends. Changes to the course or seminar schedule are published on the **www.relearn2see.com** website under Schedule. Guests are welcome to attend the Free Introductory Lectures. Guests may tape record these.

Only those who have registered for and paid tuition, in full, shall be permitted to attend relearn2see programs. Tape or video recording of these is NOT permitted unless explicit written permission is obtained from relearn2see.

The student gives relearn2see permission to use records of improvement, statements, recordings (phone, tape, mp3, or other formats), as well as pictures obtained during the course for testimonials, literature, and marketing purposes. Should you object you may submit a written request to waive this provision before registering for any of the programs offered by relearn2see.

Attending a regularly scheduled Free Introductory Lecture (FIL) is beneficial and recommended, but is not required. You are invited to attend a FIL before or after attending one of relearn2see programs. Students enrolled in the 7 week course are expected to attend all classes in the specific course enrolled in. The student will be regarded as having completed the course only after attending all of the classes in their entirety.

The tuition is for the space provided in the specific course enrolled in—only. Changing to another class is restricted and is left to the teacher's discretion. **Tuition for all relearn2see programs is non-refundable and non-transferable.** The entire course tuition is due one week before the first class (unless a different due date is agreed to.).

I agree to be taught natural eyesight improvement habits and principles and to follow the teacher's instructions. I agree to hold harmless and indemnify relearn2see, its officers, agents, and employees from any and all liability for personal injury, death, or property damage arising out of activities there under or in result of consequences thereof, except that which is caused solely by relearn2see, its officers, agents, or employees.



Program Registration Form

I am here on this, and on subsequent visits, solely on my own behalf, and not as an agent for federal, state, local, or any independent agencies on a mission of investigation or entrapment. Agreements made within this registration form apply to all relearn2see programs.

To reserve a space in one of our programs, the **FULL** tuition and this **ENTIRE** completed Registration Form are required **BEFORE** the first class begins. Please do **NOT** cut off the bottom part of this form! Submission of a partial or incomplete form may delay or cancel enrollment at relear2see's discretion. A copy of this form is provided to each participant at the first class. If desired, you may make a copy of this form before mailing it to relearn2see.

I acknowledge that I have read and accept the terms of this registration agreement.

Program tuition is payable to:	Bank:	Berliner Bank
	Account Holder:	Claude Desroches (relearn2see)
	Account Number:	4177 01 6100
	Routing Number:	100 200 00
	IBAN:	DE73 1002 0000 4177 0161 00
	BIC-/SWIFT-Code	BE BE DE BB

Do not cut off the bottom part of this form. This ENTIRE completed form and the program tuition are required to reserve your space in the selected program.

I am registering for the program beginning on _____ on _____
DD MM YYYY Day of the week

Tuition, in the amount of _____ € (Euros) was / will be paid by Bank Transfer / Cash on _____
(circle one) (circle one) DD MM YYYY

Name: _____ Sex: M F Age: _____
Print

Signature: _____ Today's Date: _____
Parents signature is required if minor DD MM YYYY

Address: _____ Home phone: _____
 _____ Work phone: _____
 _____ Mobile: _____

E-mail: _____



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DD MM YYYY Day of the week

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(circle one) (circle one) DD MM YYYY

Name: _____ Sex: M F Age: _____
Print

Signature: _____ Today's Date: _____
Parents signature is required if minor DD MM YYYY

Address: _____ Home phone: _____
 _____ Work phone: _____
 _____ Mobile: _____

E-mail: _____