



ENROLMENT FORM – Ambleside, Moonta SA

P.O. Box 1191, Bendigo Central, Vic 3552

Bookings: (03) 5444 1184

Email: bookings@otisfoundation.org.au

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

_____ POST CODE: _____ PHONE: _____

MOBILE: _____

EMAIL: _____

Name of Accompanying Person: _____

Address: _____ Phone: _____

Person to contact in case of emergency

Next of Kin or Person(s) to contact: _____

_____ Phone: _____

Name of Doctor: _____ Phone: _____

Declaration *(Must be completed and signed by the applicant)*

I, the undersigned, hereby apply to stay at The Otis Foundation's Ambleside retreat for a period of rest and relaxation. In making this application I acknowledge that:-

1. The Otis Foundation is a not-for-profit organisation which provides accommodation for those living breast cancer.
2. The Otis Foundation provides accommodation only. During my stay I shall be responsible for my other needs including, but not limited to, food and medical including any emergency care. The Otis Foundation does not provide any resident staff. The only persons on site will be the guests.

3. The Otis Foundation prefers that I am accompanied by a friend or family member who is capable of helping with my care securing assistance in a medical emergency.
4. There is no direct public transport to and/or from the retreat and I will be responsible for my own transport.
5. I am responsible for familiarising myself with the Fire Danger Ratings System and must remain vigilant of the bush fire risk at all times during my stay at St Ambleside, especially during the declared Bush Fire Danger Season.
6. In the event of a predicted Code Red (Catastrophic) or Extreme Bush Fire Risk, I am expected to vacate The Otis Foundation's accommodation and return to my home on the evening prior.
7. I agree to both alert The Otis Foundation to, and cover the cost of any breakages or damage incurred at Ambleside during my stay.
8. I have discussed with my treating Health Care Professional my intention to stay at Ambleside & they have confirmed by signing this form that in their opinion it is appropriate and safe for me to do so.
9. I, the undersigned, signify my acceptance of the terms outlined in this application and hereby agree that The Otis Foundation, its employees, servants and agents shall not be liable for any loss or injury sustained by me during or arising out of my accommodation at Ambleside including any loss or injury arising out of any accident or illness occurring at the retreat or any other loss or injury of whatsoever nature or kind.

Applicant Signature: _____ Date: _____

Accompanying Person Signature: _____ Date: _____

Doctor's Acknowledgement

I confirm that _____ is in my opinion well enough to stay at Ambleside.

Referring Health Care Professional recommending visit:

_____ Date: _____