



ENROLMENT FORM – DEEP CREEK 31

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

Bookings: (03) 5444 1184

Email: otisbookings@bigpond.com

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

_____ POST CODE: _____ PHONE: _____

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 Deep Creek 31 for a period of rest and relaxation.

In making this application I acknowledge:

1. That the Otis Foundation is a not-for-profit organisation which provides accommodation to those with breast cancer for a period of rest and relaxation

2. That Deep Creek 31 is situated on the banks of the Murray River approximately 20 minutes from the heart of Echuca/Moama.

3. That The Otis Foundation provides accommodation only. During my stay at Deep Creek 31 I shall be responsible for the provision of all my other needs including but not limited to food and medical needs including any emergency care. The Otis Foundation does not provide any residential staff. The only persons on site will be the guests.

4. That it is the recommendation of The Otis Foundation that I have a friend or family member who is capable of assisting me with my care stay with me at Deep Creek 31 and that person be capable of caring for me during any medical emergency.

5. As the house is situated on the banks of the Murray River I acknowledge that extreme care needs to be taken to ensure the safety of children at The Otis Foundation's Echuca property.

6. That in the event of any medical emergency I shall be solely responsible for my own care and that The Otis Foundation is not responsible for providing any medical treatment or any other assistance in a medical emergency. However if any employee, servant or agent of The Otis Foundation is present during a medical emergency for me I authorise the said employees, servants or agents of The Otis Foundation to assist in providing such medical assistance, including the calling of ambulance, as may be determined by them and agree to meet any expenses incurred therein.

8. I have discussed with my treating doctor/health care professional my intention to apply to stay at Deep Creek 31 and that my doctor/health care professional has confirmed by signing this form that it is appropriate and safe for me to stay in this setting.

9. I the undersigned signify my approval of this application and in so doing, 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 Deep Creek 31 including any loss or injury arising out of any accident or illness occurring at the site or any other loss or injury of whatsoever nature or kind.

10. I agree to alert The Otis Foundation to, and cover the cost of any breakages or damages incurred at, Deep Creek 31 during my stay.

Applicant Signature: _____ Date: _____

Accompanying Person Signature: _____ Date: _____

Doctor's Acknowledgement

I confirm that _____ is in my opinion well enough to stay at Deep Creek 31.

Referring doctor signature or health care professional recommending visit:

_____ Date: _____