

NATURAL EYESIGHT IMPROVEMENT COURSE AND SEMINAR REGISTRATION FORM

PLEASE READ CAREFULLY

I understand that the purpose of this educational course (or seminar) is to learn about Natural Eyesight Improvement (NEI). It is an opportunity to relearn the habits of normal eyesight. I understand that I am responsible for integrating what is taught into my life in order to benefit from this educational program. The field of NEI has observed a very high correlation between a student's relearning of natural eyesight habits and improved vision; non-application has not led to improvement.

I understand that this course is not diagnosis, treatment, prescribing, therapy, counseling, or determination of function. I understand that BrightEyes Center for Natural Eyesight Improvement teachers are not opticians, optometrists, ophthalmologists, physicians, psychologists, or therapists; they are teachers. 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 BrightEyes Center for Natural Eyesight Improvement about any and all eye surgeries, including refractive corneal surgeries, performed on me before enrollment.

I, (and not the teachers nor BrightEyes Center for Natural Eyesight Improvement nor any persons or facilities associated with them), am solely responsible for my own responses, reactions, and feelings to the material presented in the NEI course. I understand that there can be some uncomfortable reactions if I choose to engage in self-healing, vital-life activities, like those taught in the NEI course; the teacher is available to discuss these issues. The teacher may refer the student to other health practitioners and educators. I agree to not hold BrightEyes Center for Natural Eyesight Improvement 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. As with many other vital-life, natural, or holistic oriented approaches, I understand that self-healing can take from several months to several years, or more.

The teacher is available to students during the week by phone. Office phone hours are provided in the NEI Course Folder provided at the first class. The office is usually closed on Fridays, Saturdays, Sundays, holidays and holiday weekends.

Tape recording the Free Introductory Lectures is permitted. Tape recordings by students are not allowed at other times, unless directed by the teacher. Guests are welcome to attend the Free Introductory Lectures. Guests are not allowed to "sit-in" or attend classes.

The student gives BrightEyes Center for Natural Eyesight Improvement permission to use records of improvement, statements, recordings, and pictures obtained in the course for testimonials, literature, and advertising; this provision can be waived by the student if a written request is submitted before registration.

Students are expected to attend all the regular classes, in sequence, 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 course deposit and balance are for the space provided in the specific course enrolled in—only. Switching to other classes is restricted at the teacher's discretion.

Tuitions for all BrightEyes Center for Natural Eyesight Improvement classes and programs are not refundable and not transferable. The entire course tuition is due one week before the first class, (unless a different due date is agreed to.) BrightEyes Center for Natural Eyesight Improvement reserves the right to cancel a student's enrollment, without refund, if the balance of the course tuition is not paid before the class #1.

I agree to be taught Natural Eyesight Improvement reeducation and to follow the teacher's instructions.

I agree to hold harmless and indemnify BrightEyes Center for Natural Eyesight Improvement, its officers, agents, and employees from any and all liability for personal injury, death, or property damage arising out of activities thereunder or in result of consequences thereof, except that which is caused solely by BrightEyes Center for Natural Eyesight Improvement, its officers, agents or employees. 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 BrightEyes Center for Natural Eyesight Improvement programs.

The course fee and this entire completed Registration Form are required before the first class begins. Please include the front and back of this form. Submission of a partial or incomplete form may delay or cancel enrollment at BrightEyes Center for Natural Eyesight Improvement discretion. A copy of this form is provided to the student at the first class. If desired, the student can make a copy of this form before mailing to BrightEyes Center for Natural Eyesight Improvement.

TODAY'S DATE: _____/_____/_____
(PRINT)

AMOUNT ENCLOSED: _____ .

I AM REGISTERING FOR THE COURSE BEGINNING ON: _____
Month Date Year Day of the Week

NAME: _____

AGE: _____

SIGNATURE: _____

TELEPHONE: _____

(PARENT'S SIGNATURE IS REQUIRED IF MINOR)

ADDRESS: _____

EMAIL : _____

BrightEyes Center for Natural Eyesight Improvement
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