

Dahlem Reading Fluency Study Participation Form

Fill out form, sign release, and return with participation fee to:

**Dyslexia Solutions Inc.
P.O. Box 436765
Louisville, KY 40253-6765**

**Phone: 502-499-2744
Fax: 502-329-8162
www.readfluent.com
bdahlem@bellsouth.net**

Participant
First Name _____ Last Name _____ Age _____

Parent/Guardian (if participant under age of 18 yrs.)
First Name _____ Last Name _____

Does participant currently wear prescription glasses? Near Sighted/Far Sighted? _____

Street Address _____

City, State _____ ZIP _____

Phone _____ E-Mail _____

If under age of 18 yrs., what school does participant attend? _____

Participation Fee for one RAD Prism - \$95 plus \$15 Shipping and Handling

_____ RAD Prism Size requested (enter #1, #2, or #3)

_____ Certified or Cashier's Check enclosed for \$110 made payable to Dyslexia Solutions Inc.

_____ Charge participation fee of \$110 to credit card: Visa _____ MasterCard _____

Credit Card Number _____ Expiration Date _____

Credit Card Billing Address Zip Code: _____

Participation Release

I understand that this private reading fluency study has been created and operated by Dyslexia Solutions, Inc and I understand that the RAD Prism glasses received in this study are to be used as an educational aid to improve reading fluency. The RAD Prism is not intended for use in treating, diagnosing, curing or preventing any disease. The RAD Prism is not intended as a substitute for the medical recommendations of physicians or other health care providers and all participants are encouraged to cooperate with physicians, optometrists and health professionals to achieve optimum well-being.

All participants are required to give a written testimonial of any perceived reading fluency changes. I agree to allow Dyslexia Solutions Inc. to use my testimonial in future publications, lectures, or advertisements. I agree to hold harmless Dyslexia Solutions Inc and all persons working on this study. Dyslexia Solutions Inc. will not be held responsible for any and all liability of any damage, loss or expense to persons or property arising out of this study.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____
(if participant is under 18 yrs.)