



Registration Form

Name: _____ Age: _____
(First) (Last) (if under 18)

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(First) (Last) (if under 18)

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Contact Information:

Address: _____

City: _____ State: WI Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Email: _____

Meals: (No Charge for children age 5 and under)

Friday Dinner _____ x \$13.50 = _____

*Optional; dinner served
from 5pm-6pm* (total # ages 12 & up)

_____ X \$9.00 = _____
(total # ages 6-11)

Friday Total: \$ _____

Saturday-Sunday _____ x \$44.75 = _____

Total of 4 meals (total # ages 12 & up)

_____ X \$31.00 = _____
(total # ages 6-11)

Saturday-Sunday Total: \$ _____

Meal Total: \$ _____

Lodging:

Cost is \$99/night. Maximum of 4 occupants per room. (see lodging page for more details).

\$99.00/night x 2 nights = \$ 198

Lodging Total: \$198.00

☐ I am interested in rooming with another member Member's Name: _____

Lodging Info Notes: _____

Meal Total + Lodging Total = \$ _____

- **\$100 Non-Refundable Deposit**
- **\$100 Due June 25, 2017**
- **\$100 Due July 30, 2017**

\$ _____ Due August 27, 2017

(Final Payment Amount)

For Administrative use only

Check # _____

Check # _____

Check # _____

Check # _____

Checks made payable to Cornerstone Church; Memo: Revive Retreat



Activity Participation Agreement

For Revive Weekend Retreat at Green Lake Conference Center

Green Lake, WI

Sponsored by, Cornerstone Church Grafton

I acknowledge that the participation in the Revive Retreat Weekend at Green Lake Conference Center in Green Lake, WI involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the Revive Retreat Weekend at Green Lake Conference Center in Green Lake, WI, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant if 18 or older and/or ALL parent/guardians if participant is a minor)