# 2017 FOUNDER'S WEEK
# MOODY BIBLE INSTITUTE
## Adult Info Sheet
**(Attach $100 deposit with application)**

Name:_____

Address/City/Zip_____

Home phone:_____ Cell Phone: _____

Email address:_____

Occupation: _____

Student's name (if also going):_____

Emergency contact person & phone #:_____

_____

Any special medical needs or additional info:_____

_____

$450- 2 to a room
$575 – 1 to a room
Please indicate desired roommate's name _____

Due dates for Payments: (payment may be made in full)
11/11/16– Deposit of $100 due with application (non-refundable)
12/09/16– Balance due on or before is 2 to room/$350 1 to a room/$475

# Cuyahoga Valley Christian Academy
# Activity Participation Agreement

**ACTIVITY INFORMATION (*To be completed by activity sponsor)***

**Name of outside sponsoring organization (if applicable): _____,**

**or Name of sponsoring school group: __*CVCA Moody Founder's Week Trip*___**

**Address: _____*4687 Wyoga Lake Rd. Cuyahoga Falls, OH 44224*_____**

**Name of activity coordinator or responsible party: _*Phil Dipane, Linda Rocha, LT Newland***

**Description of activity:**

**__*Trip to Chicago for Moody Founder's Week*_____**

**Date(s) and location of activity: *February 8-12, 2017***

**_____**

**PARTICIPANT INFORMATION (*To be completed by participant or an authorized guardian)***

**Name of participant: _____**

**Address: _____**

**PARTICIPATION AGREEMENT**

**By signing below, the participant and parent/guardian acknowledge and accept the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of Cuyahoga Valley Christian Academy (CVCA) and/or the sponsoring organization, the participant and parent/guardian accept personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant and parent/guardian promise to hold harmless CVCA and the sponsoring organization and their respective representatives from any claim and/or injury related to the activity.**

**If a dispute over this agreement or any claim for damages arises, the participant and parent/guardian agree to resolve the matter through a mutually acceptable arbitration process. If the parties fail to agree on a process, the parties agree to use the Institute for Christian Conciliation of Billings, Montana (406-256-1583) to establish a mediation/arbitration procedure.**

**Signature:**
**_____Date:_____**
**(Participant)**

**Signature:**
**_____Date:_____**
**(Parent/Guardian)**