

**TRINITY RETREAT CENTER
RELEASE AND WAIVER OF LIABILITY**

***** Adult with Child *****

With my child(ren), I wish to visit the Trinity Retreat Center in West Cornwall, Connecticut (the "Center"), which is owned and operated by Trinity Episcopal Center Association, Inc. ("TECA"), and agree as follows:

I acknowledge that there are features of and adjacent to the Center that may pose risks to me and my child(ren), up to and including the risks of serious or disabling injury or death. These features include, among other things: active railroad tracks; a public road; the Housatonic River; animals, both wild and domesticated; insects, including ticks (which may carry the microbes that cause Lyme disease) and bees, both wild and in hives maintained by the Center; plants, including poison ivy and others to which we might be allergic; buildings and other physical plant not currently in active use; uneven and unpaved terrain; and other natural and physical features of the property that may pose risks to visitors.

In addition, I acknowledge that the Center provides the opportunity for us to engage in activities that pose risks to my child(ren) and me. These activities may include hiking and other activities that require varying degrees of exertion. I agree that we will engage in activities solely at my own risk and consistent with our respective levels of physical fitness.

I accept and assume as my sole responsibility any harm that may come to my child(ren) or me on or in connection with my visit to the Center, whether or not the harm is my or my child(ren)'s fault and whether or not I have anticipated it.

I hereby waive any claim that I or my family may have against TECA and its parent company, The Rector, Church-Wardens, and Vestrymen of Trinity Church in the city of New-York d/b/a Trinity Church Wall Street ("Trinity"), and each of their affiliates, officers, directors, employees and agents for any injury or damage that I or my child(ren) may sustain.

I hereby release, indemnify and hold harmless TECA and Trinity, and each of their affiliates, officers, directors, employees and agents from all claims, actions, suits, obligations, liabilities, damages, losses, demands, costs or expenses of any kind that may be made or incurred by me or my family, or any of our respective executors, heirs or assigns for personal injury or wrongful death arising as a result of my and my child(ren)'s visit to the Center, regardless of fault or negligence and wherever and however the same may occur.

I acknowledge that if my child(ren) or I am harmed during or as a result of my visit to the Center, a court of law may find me to have waived our right to maintain a lawsuit against TECA or Trinity on the basis of any claim released under this document.

I AM 18 YEARS OLD OR OLDER AND AM COMPETENT TO EXECUTE THIS DOCUMENT. I HAVE READ AND UNDERSTAND THIS DOCUMENT AND I VOLUNTARILY AGREE, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD(REN), TO ITS TERMS.

NAME OF PARENT or GUARDIAN (Print): _____

NAME(S) OF CHILD(REN) (Print): _____

PARENT or GUARDIAN ADDRESS (Print): _____

PARENT OR GUARDIAN SIGNATURE: _____

DATE: _____