

**Assumption of Risk and Release and Medical Authorization
for Trinity Pines Conference Center, Trinity, TX**

Group Name _____

Name of Participant _____

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Trinity Pines Conference Center, Trinity, TX, also known as Trinity Pines, certain risks and dangers will occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, volleyball, soccer, softball, basketball, archery range, wilderness hiking, swimming (in a pool that has 1m and 3m diving boards), canoeing, and a challenge course which has a 30 foot climbing wall, zip lines, high and low elements, and a team power pole. In consideration of Trinity Pines providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold Trinity Pines, its officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders or Trinity Pines. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family.

In case of an accident or illness, I authorize Trinity Pine's nurse or first aid personnel to examine, treat, or administer medications for any illness or injury to my child as deemed necessary. In the event of an emergency and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care. I hereby release, indemnify and hold harmless Trinity Pines, its officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Trinity Pines, its agents, and employees.

Signature of Participant

Date

Signature of Parent or Legal Guardian (if a minor)

Phone no.(s)

Date

Signature of Witness

Phone no.

Date

Physician Name/Phone

Emergency Contact/Phone

Allergies/Medical Conditions/Activity Restrictions

4.25.03