

I, the parent/guardian of the Registrant, a minor, do here by consent to the Registrant's participation in the above-described Program (the "Program"). In consideration of the acceptance of the Registrant to participate in the Program, on my own behalf and on behalf of the minor Registrant, I do hereby waive, release and forever discharge Trinity College and/or the Program Sponsor and any of its or their trustees, officers, directors, agents, servants, employees, representatives, independent contractors, volunteers, successors and assigns (collectively the "Releases") from any and all claims, causes of action, demands, damages, liabilities, expenses, suits, actions and/or judgments whatsoever which may arise out of or in connection with the Registrant's participation in the Program, including, without limitation, any and all claims for personal or bodily injuries, death or property damage, any and all claims against the owners and/or operators of any of the premises, facilities and/or equipment utilized in the Program and any and all claims for negligence against any of the Releases arising from any acts or omissions to act by any of the Releases. Furthermore, on my own behalf and on behalf of the minor Registrant, I do hereby agree to defend, hold harmless and indemnify the Releases from any and all claims, demands, causes of action, damages, liabilities, expenses (including, without limitation, any attorney's fees and costs), suits, actions and/or judgments which may arise out of or in connection with the Registrant's participation in the Program.

In addition, if the Registrant should require any emergency medical procedures or treatment during participation in the Program, I consent to representatives of Trinity College and/or the Program Sponsor taking, arranging for or consenting to such procedures or treatment in his/her discretion. I understand that I will be responsible for payment of any expenses relating to such treatment and that it is my responsibility to ensure that I have medical insurance coverage for such expenses.

In witness whereof, I have freely and voluntarily executed this Consent, General Release, Indemnity and Medical Authorization on behalf of the minor Registrant named below. I understand by printing my name below.

Registrant Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_