



CAMBERWELL GRIEF SANCTUARY

Agreement and Release of Liability

As referred to in this Agreement and Release of Liability, "Camberwell Grief Sanctuary, Inc." means Camberwell Grief Sanctuary, Inc., and any and all of its officers, board of directors, employees, interns, volunteers, committee members and owners.

In consideration for being permitted to attend events, utilize the land, facilities, and equipment owned by Camberwell Grief Sanctuary, Inc., (landowner(s) hereinafter collectively referred to as "Released Parties") located at 3289 US Highway 421, Bedford, KY 40006 and to engage in therapy and growth and healing of my well-being through use of the land and offered programs and related activities (hereinafter collectively referred to as "Therapy and Related Activities")

I, _____, hereby agree as follows:
Printed name of releasor

INITIAL EACH OF THE FOLLOWING

1. I _____ hereby release and discharge the Released Parties from any and all liability, claims, demands or causes of action that I may hereafter have for injuries and damages, whether physical or otherwise, arising out of or in any way related to my participation in Therapy and Related Activities, including but not limited to losses caused by the negligence of the Released Parties.

2. I _____ further agree that I will not sue or make claim against the Released Parties for damages or other losses sustained as a result of my participation in Therapy and Related Activities.

3. I _____ also agree to indemnify and hold the Released Parties harmless from all claims, judgments and costs, including attorney fees incurred in connection with any action brought as a result of my participation in Therapy and Related Activities.

4. I _____ understand and acknowledge that the Therapy and Related Activities have inherent dangers that no amount of care, caution, instruction or experience can eliminate and I expressly and voluntarily assume all risk of death or personal injury sustained while participating in Therapy and Related Activities whether or not caused by the negligence of the Released Parties.

5. I _____ hereby expressly recognize that this Agreement and Release of Liability is a contract pursuant to which I have released any and all claims against the Released Parties resulting from my participation in Therapy and Related Activities including any claims caused by negligence of the Released Parties **I have read this Agreement and Release of Liability, fully understand its contents and sign it of my own free will.**

Signature of releasor

Printed name

Date

Signature of landowner

Printed name

Date