ARCHDIOCESE OF NEW YORK INDEPENDENT RECONCILIATION AND COMPENSATION PROGRAM ("IRCP")

GENERAL RELEASE

This General Release is made this _____ day of ______ 20____.

WHEREAS,	(the "Claimant") or his/her legal heir or beneficiary,
has submitted a claim for compensation	to the Archdiocese of New York Independent Reconciliation and ant to the IRCP Protocol asserting that he/she is a victim of sexual
WHEREAS, the Independent Administration eligible to participate in the IRCP; and	strators (the "Administrators") have determined that Claimant is
_	s submissions and after careful consideration of documentation and ministrators have issued a compensation determination to Claimant
	of the proposed Compensation Offer, including consultation with rmed the Administrators of the IRCP that Claimant has decided to
NOW THEREFORE,	
	(hereinafter "Releasor"), for and in consideration of lars (\$) (the Compensation Offer) received from
the Archdiocese of New York - IRCP, releases and forever discharges the Archdor deacons, its parishes, schools and in respective officers, directors, trustees, a predecessors, successors, assigns and a demands, actions, causes of action, sudamages and judgments, whether sound 3420 of the NYS Ins. Laws or otherwise law, admiralty or equity, including, but a	the adequacy and sufficiency of which is hereby acknowledged, diocese of New York and all of its current or former bishops, priests institutions, religious corporations and not for profit corporations, administrators, agents, employees, Chubb Insurance Co., and their ffiliates (jointly and severally, the "Releasees"), from all claims, nits, debts, dues, sums of money, accounts, variances, trespasses, ling in tort, contract, statutory regulation including under Section e and whether now existing or revived in the future whatsoever in not limited to, all claims or causes of action that arise or may arise se by the individual priest or deacon identified by Claimant (the
"Claims") which against the Releasees,	the Releasor or Releasor's executors, heirs, successors and assigns l, or may have, for, upon, or by reason of any matter, cause or thing
whatsoever from the beginning of the wo	ind and in the future.

This Release is a broad general release of any and all claims Releasor has, or may in the future have, against all Releasees including, but not limited to, all causes of action, lawsuits, claims, demands, damages, and liability whatsoever, and also to the extent of their liability, for contribution to any other person who may be determined to have been joint tortfeasors arising out of and in any way growing out of or related to all known and unknown personal injuries, including any derivative claims for loss of consortium, under any federal, state or local law without limitation. This Release is all encompassing and is specifically made and given on the premise that any and all Claims by Releasor are released and extinguished whether said claims arose in New York or any other state or jurisdiction.

The Administrators of the IRCP have retained the Garretson Resolution Group, Inc. ("GRG") to confirm that the Centers for Medicare and Medicaid Services ("CMS") and New York Medicaid will not assert any reimbursement claim or lien with respect to compensation awarded to any participating claimant under the IRCP; provided, however, that if either entity does assert any such interest, GRG is hereby authorized to act on behalf of the IRCP to verify and resolve such lien or reimbursement claim. Releasor agrees to allow the Administrators to provide to GRG certain information as to the Releasor, including: (1) first name, last name and middle initial, (2) Social Security Number; (3) date of birth, (4) gender and (5) basic information regarding the nature of Releasor's Claims, and hereby authorizes the Administrators and GRG to use, exchange, and/or report this information to Medicare, if necessary, for purposes of ensuring compliance with the Medicare Secondary Payer Act, 42 U.S.C. § 1395(y)(b), and its accompanying regulations.

The Releasor acknowledges that Releasor is voluntarily and freely entering into this General Release in exchange for the Compensation Offer. Releasor further declares that he/she is represented by legal counsel and has received legal advice prior to entering into this Release and that Releasor has been advised by said attorney regarding the terms and conditions of this Release, which Releasor has completely read and fully understands, including that accepting the Compensation Offer and signing this release is a full and final compromise, adjustment and resolution of any and all claims he/she may now have, or ever will have against Releasees.

Pursuant to the IRCP Protocol, the Administrators will maintain the confidentiality of all information and documentation relating to claimants who participate in the IRCP Program. The information received will be used and disclosed only for purposes of 1) processing the Claimant's claim for compensation; 2) administering the Program, including the prevention of fraud, and 3) the protection of children under the Safe Environment Program.

Participating Claimants, however, are not bound by any such confidentiality provision and may -- at the Releasor's voluntary and sole option -- disclose such information regarding the claims process and/or the compensation determination of the claim and any other information pertaining to such claim. If Participating Claimant wants this Compensation Offer and this Release to continue as confidential, Participating Claimant must sign the additional authorization below.

This Release contains the entire understanding of the parties. Any modification of any of the provisions of this Release shall be effective only if made in writing and executed with the same formality as this Release.		
IN WITNESS WHEREOF, the Releasor has executed this Release on the date below his/her signature.		
	(Signature: Releasor)	
	[Claimant Name]	
	(Date)	
STATE OF)		
ss:		
COUNTY OF)		
On		
	Notary Public	
Reviewed and approved:		
Type (or print) Name of Claimant:		
[Claimant Name		
Attorney for Releasor:		
Type (or print) Name of Attorney:		
Signatura		

By signing below, Releasor requests that the Compensation Offer and Release be Confidential