

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

1. I, the parent or lawful guardian of the "child/children" give permission for my child/children (list all children attending)

to participate in the activity described on the Activity Information form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and its respective officers, agents, representatives, volunteers, employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.

3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5. I agree do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. _____ (Parent Initials)

6. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date _____ / _____ / _____

Parent or Guardian Phone No. (Home and/or Cell) _____

Additional Emergency Contact _____ Phone _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. _____

Member's Birth Date _____ / _____ / _____ Member's SS#* _____

* Social Security Number is optional. Note that some hospitals WILL NOT treat without it.

Family Doctor _____ Phone No. _____

ACTIVITY INFORMATION

Church Agency: Petersburg Pastoral Region

Activity: Summer Faith Activities

Location/Site #: SL/IC Vacation Bible School – Immaculate Conception Church, 116 N Mill Street, Botkins OH

May 28-31, 2019 9am – 11am Contact: Leah Koenig 937-726-2282

SL/IC Summer Faith Enrichment Camp - Immaculate Conception Church, 116 N Mill Street, Botkins OH

May 29-31, 2019 12:30pm-2:30pm Contact: Beth Klopfenstein 937-658-0608 (c) 937-693-3535 (o)

St. Joe Vacation Bible School – St. Joseph Church PLC 309 Perry Street, Wapakoneta, OH

June 2-5, 2019 6:00pm-8:30pm Contact: Denise Sheipline 419-236-2589 (c) 419-738-2115 (o)

Type of Transportation (if any): by parents or other

The following people have permission to pick up my child/children from the above mentioned activities.

Name

Phone / Contact #

Name

Phone / Contact #

Name

Phone / Contact #