

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 09-2017)

- 1. I, the parent or lawful guardian of (the "child"), give permission for my child ... to participate in the activity described on the Activity Information form ...
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.
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.
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.

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: Confirmation Retreat

Location/Site #: Montezuma Retreat Center
6731 SR 219, Celina (Montezuma) Ohio, 45822

Starting Date/Time: 02/17/2019 9:30am
Bus departs St. Joe, Wapakoneta 8:40am
Bus departs Immac. Concep. Botkins 8:50am
Licensed youth who drive should be arrive at center by 9:15 am

Type of Transportation (if any): Bus or other transportation

Group Leader Info: Beth Klopfenstein 937-658-0608 / Denise Shepline 419-236-2589 / Ashley Holthaus 937-622-9540

Signature of Parent/Guardian _____ Date ____/____/____