



ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND AUTHORIZATION TO
SEEK MEDICAL TREATMENT (rev. 06-2020)

- 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 (the "Activity") and release from all liability and indemnify _____ ("School"), 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, their respective officers, agents, representatives, volunteers, and employees, and all priest, bishops, clergy, and religious of the foregoing entities, from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, death, illness, or infectious disease, such as MRSA, influenza, or COVID-19, (including any injury, death, illness, or infectious disease caused by the negligence of School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, and/or their respective officers, agents, representatives, volunteers or employees) 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 School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers and 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 any injury, illness, infectious disease, 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. [] 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. 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.
7. School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof, irrespective of whether formally declared as a "pandemic", "epidemic", or the like by any public health entity or governing body.

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: ____/____/____

Signature of Witness: _____ Witness Name (please print): _____

Home Address: _____ City _____ Zip _____

Place of Employment: _____

Work Address: _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

Medical Information — Completed by Parent or Guardian — Please Print

(1) Child's Name _____ Birth date ____/____/____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____
Medical Insurance Co. _____ Policy No. _____

(2) Child's Name _____ Birth date ____/____/____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____

(3) Child's Name _____ Birth date ____/____/____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____

(4) Child's Name _____ Birth date ____/____/____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____

Member's Name _____ Phone No. (h) _____ (w) _____
Family Doctor _____ Phone No. _____

ACTIVITY INFORMATION FORM
Completed by Parish/School – Please Print

B. One-Time Activity

Parish/School: Holy Angels Parish Activity **VBS 2022: Marvelous Mystery-The Mass Comes Alive!**

Location: HA SCHOOL & CHURCH Emergency No.: 419-953-1587 (Barb's cell) Cost: \$20/child

Starting Date and Time: June 13 (8:45 AM – 11:45 AM) Meeting Place School Gym

Ending Date and Time; June 16 (8:45 AM – 11:45 AM) Meeting Place School Gym

Activities Involved: Catechesis, Adoration, Mass, Games. Art, Music, Snack

Type of Transportation (if any): Parents drop-off / Pick-up their campers

Group Leader: Barb Blanco, DRE Telephone No.: 937-498-0433 – Holy Angels Parish Office

Other Information _____

____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).