

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 4-2017)

1. I, the lawful parent or guardian of _____
(the "child" or the "children"), give permission for my child/children to participate in the activities described on the *Activity Information* form and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the "Archdiocese"), and their 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/children, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.

2. I further understand that my child or children's participation is purely voluntary and is a privilege and not a right, and that my child/children, and I on behalf of my them, elect to participate in spite of the risks.

3. I agree to instruct my child/children to cooperate with the Archbishop or his agents in charge of the activity, such as group leaders listed below and catechists.

4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child or children.

(ii) 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 or children.

5. This power of attorney shall lapse automatically upon completion of the activities and related travel per the dates listed below.

6. I agree that the Archbishop or his agents may use my child or children's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child or children regarding ministry related activities. (Remind, Facebook, Instagram, Twitter, texting, etc.)

7. 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 Medical Power of Attorney shall be effective and binding upon me, my child or children, and my own and my child or children's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Medical Information/Conditions//Medications or Restrictions (please list student name and info) _____

Signature of Parent or Guardian's _____ Date ____ / ____ / ____

Parent or Guardian Phone # (Cell) _____ (Home) _____

Additional Emergency Contact _____ Phone # (Cell) _____ (Home) _____

Medical Insurance Co. _____ Policy or Group # _____

Policy Holder's Name _____ Insurance Phone # _____

Family Physician _____ Physician Phone # _____

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ACTIVITY INFORMATION

On-Going Programs -

Church Agency: Fort Recovery Catholic Cluster Religious Education Programs & Youth Events/Fort Fiat

Emergency #'s: 419-375-4153, 937-459-7989, 419-953-5958, 419-778-0054, or 513-304-8414

Locations: Mary Help of Christians, St. Paul, St. Peter, St. Joe - All Churches and Religious Facilities

Starting Date/Time: Beginning 8/1/17 - various times

Ending Date/Time: Ending 8/1/18 - various times

Activities Involved: All regularly scheduled religious education courses and youth ministry activities, this also includes one-time field trips taken during the religious education school year from September - May such as but not limited to the following: Christmas Caroling, Maria Stein Shrine, St. Charles, Net Retreats, Confirmation outing, etc.

Type of Transportation (if any): Provided as necessary, depending on the activities

Group Leaders Info: Holly Wuebker - Coordinator for Religious Education, cre@fortrecoverycatholics.org, 419-375-4153

Hannah Barga - Youth Minister, youthmin@fortrecoverycatholics.org, 419-375-4153

Other Information: This Medical Release Form will be used for all religious education activities and events, along with any Youth Ministry events your child/children may attend throughout the year.

Insurance Information for the child/children listed is attached with the registration form. This includes full name of each child, date of birth, gender and any medical problems, information or medications that we need to be made aware of. This form will be kept based on Archdiocesan guidelines and then shredded upon completion.

On-Going Programs through Fort Fiat Youth Group

Church Agency: Fort Recovery Catholic Cluster Religious Education Programs & Youth Events/Fort Fiat

Emergency #'s: 419-375-4153, 937-459-7989, 419-953-5958, 419-778-0054, or 513-304-8414

Locations: Mary Help of Christians, St. Paul, St. Peter, St. Joe - All Churches and Religious Facilities

Starting Date/Time: Beginning 8/1/17 - various times

Ending Date/Time: Ending 8/1/18 - various times

Activities Involved: Youth group events such as, but not limited to; friday morning breakfast club, monthly youth group meetings, day retreats, volunteer opportunities, special events and speakers, etc.

Type of Transportation (if any): Provided as necessary, depending on the activities

Group Leaders Info: Hannah Barga - Youth Minister, youthmin@fortrecoverycatholics.org, 419-953-5958

Holly Wuebker - Coordinator for Religious Education, cre@fortrecoverycatholics.org, 419-375-4153

Other Information: This Medical Release Form will be used for all religious education activities and events, along with any Youth Ministry events your child/children may attend throughout the year.

*****Please check the box below if you would like to be included in the youth group updates, news and events throughout the year.**