

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND AUTHORIZATION
TO SEEK MEDICAL TREATMENT (rev. 6-2020)

1. I, the lawful parent or guardian of _____ (child's name), give permission for my child to participate in the activity described on the activity Information section and release from all liability and indemnify St. Joseph Church, the Archdiocese of Cincinnati, the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese, and their officers, agents, representatives, volunteers, and employees and all priests, bishops, clergy, and religious of the foregoing entities from any and all liability, claims, judgments, damages, cost 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 the St. Joseph Church, 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 St. Joseph Church, 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. 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. 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. St. Joseph Church, 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, noting that items are subject to change.

Signature of Parent or Guardian _____ Date _____

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

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent /Guardian Phone No. (cell): _____ (other Phone No.): _____

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

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

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

Family Doctor _____ Phone No. _____

Activity Information — Completed by Church Agency— Please Print

(As a convenience to parent(s)/guardian(s), a duplicate copy of this may be attached so as to be retained by them; also other information* may be attached to further inform of specific scheduling details)

A. On-Going Program

Church Agency: ST JOSEPH CHURCH **Program/Group:** FAMILY ACTIVITIES, RELIGIOUS ED

Starting Date: June 2023 **Ending Date:** May 2024 **Registration Fee:** see registration form

Usual Location: ST. JOSEPH PARISH, 25 E. Harrison Ave., North Bend, OH 45052

Usual Day/Time: varies

Routine Activities: Religious Ed Activities/Program, Sacramental Preparation Activities/Program/Field Trips, Family Activites, Youth Ministry Events/Meetings

Group Leader: Beth Scholl, D.R.E. **Phone No.** 513-941-3661, ext. 15, or secretary ext. 10

*Other information: Dates and details of any event will follow under a separate cover as information becomes available closer to the time of the event/activity.