

**2021- 2022 ON-SITE & ON-GOING ACTIVITY RELEASE & MEDICAL INFO**

Dear parents or legal guardians,

This form will serve as permission, release, medical power of attorney, and photo use for Incarnation Youth Ministry. This form will be in effect and held on file for the program year dated below. However, activities sponsored by other churches/organizations or events held off-site may require additional forms. It is your responsibility to notify the Youth Office with any necessary updates. Please fill in the highlighted information.

**Church Agency:** Incarnation **Location:** Incarnation, St. Charles, St. Vincent’s, and Rebuilding sites **Activity:** faith sharing, prayer, service, fellowship  
**Dates:** July 2021-June 2022 **Group Leader:** Anne Monnin **Cell:** (937) 380-4511

\*Parents, please cut along the dotted line and just return the bottom portion of this permission form\*

Name \_\_\_\_\_

**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 \_\_\_\_\_ Incarnation Parish\_\_\_\_, 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. 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. 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: Anne Monnin Witness Name (please print): Anne Monnin

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.): \_\_\_\_\_

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**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. \_\_\_\_\_