

# March for Life

Education & Defense Fund



Late in October 1973, grassroots prolife leaders became concerned that January 22, 1974, might come and go without properly memorializing the Supreme Court's infamous abortion decisions and without petitioning Congress for redress.

No established right-to-life organization was prepared to undertake the planning, financial and operational responsibilities for a high impact prolife March on the U.S. Capitol. But, grassroots pro-lifers wanted to march! About thirty prolife veterans resolved themselves into a committee and began making plans for the first March for Life.

On January 22, 1974, the first March for Life was held on the West Steps of the Capitol. An estimated 20,000 committed prolife Americans rallied that day on behalf of our preborn brothers and sisters. Numbers have gradually risen through the years despite reduced numbers from the snow in 2000 and the terrible 9/11 attacks just months before the March 2002. These growing numbers give testimony to the increasing ranks of prolife Americans and to the importance of the March's work.

The March for Life this year will be held on **Friday, January 19, 2018**. A group of youth from area parishes will be traveling together to the March for Life, departing on Thursday, January 18 (evening) and returning in the early hours of Saturday January 20. Participants will miss one day of school. Participants need extra money for meal expenses (Thursday supper, & supper on Friday) Seating is limited to the first 55 persons that sign up.

**Cost breakdown per person: \$100.00** for one subway ticket, bus for travel, Youth will need to bring money to purchase dinner on Friday, pack breakfast and lunch to eat on bus for Friday) we suggest at least \$10 per meal. No other money should be needed unless youth want to purchase drinks/snacks at rest areas, but they are welcome to pack those to bring along as well. **PAYMENT IS \$100 per person is due no later than December 10th to reserve a seat on the bus. Checks can be made payable to "Sacred Heart of Jesus Parish" –**

**If you have any questions please contact:**

**Jodie Blindauer—Sacred Heart of Jesus Youth Minister— 419-236-1615**

**[jblindauer@sacredhearohio.org](mailto:jblindauer@sacredhearohio.org)**



## **Our tentative schedule:**

- Arrive at St. Augustine parish in Minster at evening TBA Thursday, January 18, 2018.
- Bus leaves St. Augustine parking lot after blessing
- Travel through the night
- Friday –7:00 a.m go to Verizon Center for youth rally and Mass.
- We will grab lunch from the Rally to the March
- 11:30 a.m. head to the National Mall to hear pro-life speakers.
- 12:00-3:00 listen to speakers & March for Life
- 3:00 – take subway to Pentagon City Mall to eat supper
- 7:00 p.m. Board bus and head home
- 3:00 -5:00 a.m. arrive home – get to sleep in since the March is on a Friday! ☺

Check out these websites for more information on the March for Life and the Basilica of the National Shrine of the Immaculate Conception  
[www.nationalshrine.com](http://www.nationalshrine.com)  
[www.marchforlife.org](http://www.marchforlife.org)

**ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)**

, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity 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, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.

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

I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity. 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: 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. 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. This power of attorney shall lapse automatically upon completion of the activity and related travel. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions. 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, 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.

**Right to Life March January 18-20, 2018 Parent Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

**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) \_\_\_\_\_

Member's Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Member's Soc. Sec. No. \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_