

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND
AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)

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 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, and their respective 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 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 of any injury, illness 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. 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

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 ___/___/_____
Family Doctor _____ Phone No. _____

ACTIVITY INFORMATION

B. One-Time Activity

Church Agency Office for Youth Evangelization & Discipleship **Activity** AmpFest
Location Transfiguration Center 3505 Calumet Rd Ludlow Falls, OH
Emergency No. Matt Reinkemeyer: 513-800-9077 Hollie Danis: (937) 760-5562
Cost \$30 (Early Bird), \$35 (Regular) \$40 (Late Registration)
Starting Date & Time 6/23, Registration beginning @ 3pm **Meeting Place** Transfiguration Center or determined by group leader
Ending Date and Time 6/23, Event ending @ 10pm **Meeting Place** Transfiguration Center or determined by group leader
Activities Involved Games, Music, Dinner, Worship
Type of Transportation (if any) Transportation not provided unless otherwise arranged by the group leader
Group Leader _____ **Telephone No.** _____
Other Information _____