

Guardian Angels Spring 2018 Peer Ministry Retreat

Release Form

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE, AND MEDICAL POWER OF ATTORNEY (rev. 11-2016)

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* portion (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 of Cincinnati, 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 or expenses, including attorney 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, elect to participate 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 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.
 - (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.
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes (social media, website, office functions, etc.) and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, 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, 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.

Please Initial Each Item Below:

- I understand that my child will be expected to adhere to typical standards of behavior, and that any issues will be resolved with parental assistance (reaching out via phone) if necessary. _____
- I understand that this is an overnight retreat, but is not an all-night retreat: my child will be given an appropriate place to sleep and expected to go to bed at a reasonable hour (if staying overnight). I also understand that sleeping areas will be by gender, and will adhere to VIRTUS Child Protection standards. _____
- The youth ministry office has, to the best of my knowledge, correct medical information on file (or I am also filling out a contact/medical form for this event). _____

Child's Name: _____ Parent/Guardian Name: _____

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

One Time Event

Church Agency: Guardian Angels Program: 9th-12th Overnight Retreat Starting Date: 05/05/18 Ending Date: 05/06/18 Registration Fee: \$50 (scholarships available) Location: Comboni Missionaries, 1318 Nagel Rd, Cincinnati, OH 45255, Downtown Cincinnati Day/Time: Saturday 1:00 p.m. to Sunday 1:30 p.m. Activities: Speakers, Recreational Activities, Worship, Prayer, Games, Mass Group Leader: Bradley Barnes Contact Number: 513-310-6949 (cell) Transportation: Volunteer Drivers