

**ST. BONIFACE AND ST. MARY OF PIQUA AND ARCHDIOCESE OF CINCINNATI
 PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)
 GRADES PreK-12**

Release and indemnification agreement, medical power of attorney, and medical information for all **Youth Events/Activities**, PreK-12, sponsored by St. Boniface and St. Mary Parishes, from July 1, 2018 through June 30, 2019 under the direction of the pastor of St. Boniface and St. Mary Parishes, Diane Mengos, Mark Pitsenbarger, Brad Zimmerman,, Judy Lohnes, and those specifically authorized by the pastor/administrator/DRE of St. Boniface and St. Mary Churches.

This form, filled out once, will cover all activities and events during the above calendar dates. It will be kept on file in the Parish Office and copies will accompany any event taking place off Church property, so that phone numbers and medical information are available in the event of any type of problems, difficulty or emergency.

1. I, the lawful parent or guardian of (name all children under age 18 and not yet graduated) _____

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.

2. 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.

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, website and office functions 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.

I have carefully read this statement and my signature acknowledges that I fully understand its content and meaning.

 (Parent's signature) (Printed name)

 (Date) (Cell Phone) (Home Phone) Home Street Address, City, Zip

 (Emergency contact not living at above address) (Cell phone)

Please provide a parent initial if you DO NOT give permission to post pictures of your child (usually group shots) in the parish bulletin and on the website; sometimes first names (only) are included: _____

Please provide a parent initial if you DO NOT give permission to occasionally include your child's first and last name with a photo in the parish bulletin or website (almost always in a group): _____

Is there a person (s) to whom your child should not be released? PLEASE SPEAK TO THE DRE OR PRINCIPAL ABOUT THIS PERSON!

Medical Insurance Co. _____ Policy # _____

Member's Name _____

Family Doctor _____ Phone _____ This form must be completed, signed and on file with the Parish Office of St. Boniface and St. Mary Parishes before youth can participate in any activity.