

ARCHDIOCESE OF CINCINNATI
ADULT PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 05-2018)

1. I, the undersigned will participate in the activity described on the *Activity Information* form (the "Activity"), and I hereby 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 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 me 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, any claims, lawsuits or actions against the Archdiocese, the Archbishop, the parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my participation in the Activity is purely voluntary and is a privilege and not a right. I elect to participate in the Activity in spite of the risks.

3. I agree 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 my best interest.

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 portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to me regarding ministry related activities.

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 and my own personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

_____ I am aware that the Youth Group handbook is online and available at the office. I will abide by the handbook.
(please initial)

Signature (student 18+) _____ Date ____ / ____ / ____

Signature (parent) _____ Date ____ / ____ / ____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Phone No. (w) _____ (h) _____ (c) _____

Emergency Contact _____ Phone No. (w) _____ (h) _____
(c) _____

Medical Information —Please Print

Name _____ Birth date ____/____/____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone: (h) _____ (w) _____

Member's Birth date ____/____/____

Family Doctor _____ Phone _____

(See *Activity Information* form below)

ACTIVITY INFORMATION

With your permission, this release form will be kept on file in the Youth Office. It may be used for local Youth Group events only (see below for exact information), so a separate form does not need to be filled out for each activity.

Completion of this form does not mean your child is signed up for everything on this list. The Youth Group/Parish will be responsible for teens after they arrive at the event.

SMILE High School Meetings—the 1st and 3rd Sunday of each month at St. Andrew in the Church Hall from 7-9pm. Some meetings may take place outside or in the Parish center. Meetings consist of social time, snack, icebreakers/games, small/large group activities and prayer time. Transportation is on your own. High School Meetings are open to 9th-12th grade students. There is no charge to come to Meetings.

Junior High Nights--the 7th and 8th grade teens will generally meet on the first or second Friday of the month at St. Elizabeth Ann Seton. September 6, October 4, December 6, January 10, February 7, March 6, April 3, May 1. These evenings will generally run from 7-9pm and will consist of icebreakers/games, small/large group activities and prayer time. Transportation is on your own. There is no charge to come to Junior High Nights.

Game Night at Sem Villa—usually takes place on the 3rd Thursday of each month (August 8, September 19, October 17, November 14, December 19, January 16, February 20, March 19, April 16, May 21, June 18, July 23). We meet at Sem Villa at 6:30. Transportation is on your own. Once there, we play card games, work on crafts, etc. with the residents until about 8pm. Game nights are open to 7th-12th grade students. There is no charge for Sem Villa.

SMILE Fundraisers—Family BINGO (February 23), Fish Fry (February 28 & March 27)—take place at either St. Andrew or St. Elizabeth Ann Seton. Teens will be busing tables, helping in the kitchen, running children's games, etc. Transportation is on your own. Fundraisers are open to 7th-12th grade students.

Oktoberfest—takes place at the Miami Boat Club on October 6—the Youth Group is in charge of running the children's games. Transportation is on your own. This is open to 7th-12th grade students.

This form **may not** be used for NCYC, the March for Life or the Mission Trip.

Questions? Contact Catherine Fasano at 513-831-8318or smile@standrew-milford.org.