

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND**  
**AUTHORIZATION TO SEEK MEDICAL TREATMENT** (rev. 06-2020)

1. I, the parent or lawful guardian of \_\_\_\_\_ (the "Child"), give permission for my Child to participate in virtual youth meetings and release from all liability and indemnify SA-SEAS SMILE Youth Group, 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, their respective officers, agents, representatives, volunteers, and employees, and all priest, bishops, clergy, and religious of the foregoing entities, from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, death, illness, or infectious disease, such as MRSA, influenza, or COVID-19, (including any injury, death, illness, or infectious disease caused by the negligence of School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, and/or their respective officers, agents, representatives, volunteers or employees) 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 School, the Archbishop, the Archdiocese, all parishes and schools within 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 any injury, illness, infectious disease, 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 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.
7. School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof, irrespective of whether formally declared as a "pandemic", "epidemic", or the like by any public health entity or governing body.

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

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

(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 1<sup>st</sup> and 3<sup>rd</sup> Sunday of each month at St. Andrew in the Church Hall from 7-8pm. Meetings will take place outside if possible. Meetings may 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 9<sup>th</sup>-12<sup>th</sup> 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 (outside or in the cafeteria). September 11, October 2, November 6, December 4, January 8, February 5, March 5, April 16, May 7. These evenings will generally run from 7-8pm 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 3<sup>rd</sup> Thursday of each month (September 17, October 15, November 19, December 17, January 21, February 18, March 18, April 15, May 20, June 17). We meet at Sem Villa 6:30-7:30pm. Transportation is on your own. Once there, we play card games, work on crafts, etc. with the residents. Game nights are open to 7<sup>th</sup>-12<sup>th</sup> grade students. There is no charge for Sem Villa.

SMILE Fundraisers—Family BINGO (February 28), Fish Fry (February 19 & March 19)—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 7<sup>th</sup>-12<sup>th</sup> grade students.

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

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_