

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

- 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.
- 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.
- I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
- 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.
- 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.
- 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 __/__/____
 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.): _____

Child's Name _____ Birth date ____/____/____
 Child's Soc Sec No * _____ Chronic Conditions (e.g. diabetes) _____
 Allergies/ Medications/ _____
 Medical Insurance Co. _____ Policy No. _____
 Member's Name _____ Phone No. (h) _____ (w) _____
 Member's Birth date ____/____/____ Member's Soc Sec No* _____
 Family Doctor _____ Phone No. _____

**Social Security Number is optional. Please note that some hospitals WILL NOT treat without it*

One Time Activity

Organizer: Franciscan University of Steubenville Summer Youth Conferences
Event: Steubenville Summer Youth Conference - Main Campus 1
Starting Date/Time: 12:30pm on Friday June 14, 2019 **Ending Date/Time:** 5pm Sunday June 16, 2019
Deposit to Reserve Spot: \$25 **Total Cost:** \$234
Location: Franciscan University of Steubenville 1235 University Boulevard, Steubenville, Ohio 43952
Activities: Keynote talks, Worship, Adoration, Confession, Small Groups, and Entertainment.
Who: Incoming Freshman through Outgoing Seniors in High School
Emergency #: Susan Nussman: (513) 675-1872; Abby Schmid (937) 522-1378
Transportation: Carpool Meeting St. Bernadette @ 12:30pm Friday, June 14, 2019.
Event Leaders: Abby Schmid, Susan Nussman

*****SEE BACK*****

Student Guidelines and Expectations

We expect things of students who participate in Youth Ministry at St. Bernadette. We ask that above all they demonstrate respect, encouragement, and investment (Participate).

Guidelines:

1. You may not wander in and out of any other room unless instructed or accompanied by a Core Team Member.
2. During any meeting, especially during a talk or small group, respect, encouragement and confidentiality is expected by everyone and extended to everyone.
 - a. Confidentiality means that anything spoken by a peer of a personal nature, stays at youth night, and is not repeated outside of Youth Ministry, unless permission is given by the discloser. You may disclose what is said to an adult if it puts them or someone else in harm's way.
3. Phones and Gaming Devices must be turned off and put away. No texting or use of electronic games during a Youth Ministry meeting or event.
4. Disruptive behavior, cell phone usage, foul language, interfering with the participation right of others, unsafe behavior, and all other forms of insubordinations may result without further warning, in immediate removal from the meeting and notification of parents. Such behavior may also constitute grounds for suspension or permanent expulsion from youth ministry activities at the judgment of the Youth Minister(s) and Core Team.
5. Leaving early or arriving late is not permitted unless your parent or guardian has informed us directly. Parents may call, text or email the Youth Minister(s). A written and signed note from your parents indicating why you are late, or why you must leave early is also acceptable.

I have read the above information. I understand this information and will follow these guidelines at all youth ministry events:

Signature of Youth

Date

I have read the above information. I understand this information and will encourage my child to follow these guidelines at all youth ministry events :

Signature of Parent/Guardian.

Date