

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

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* 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.
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 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.
5. 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.
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.

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.): \_\_\_\_\_

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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*

Ongoing Activity

Church Agency: St. Bernadette Catholic Church, Amelia, Ohio      Group: CREW Youth Ministry  
 Event: CREW Middle School Ministry nights  
 Location: Youth Room at St. Bernadette Parish Activity Center 1479 Locust Lake Rd. Amelia, Ohio 45102 (alt Locations are Stievenard Hall or Main Church for special events)  
 Emergency #: Abby Schmid (937) 522-1378  
 Who: 5th-8th graders  
 Usual Date and Time: Sundays from 6-8pm (Sept 15, Oct 20, Dec 15, 2019 and Jan 19, Feb 23, Apr 5, May 17, 2020)  
 Cost: Free  
 Activities Involved: Games, Pizza, Small group discussion, talks, testimony, prayer, and fellowship  
 Event Leader: Abby Schmid

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## 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. Meetings will take place in the Parish Center. 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