

Youth Name: _____ Grade: _____

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 or activities 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 / /

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) _____

Member's Birth date / /

Family Doctor _____ Phone No. _____

(See Activity Information form below)

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

On-Going Program

1. HIGH SCHOOL YOUTH GROUP Grades 9th, 10th, 11th, & 12th

Church Agency Holy Trinity Catholic Church Program or Group High School Youth Group
Starting Date July 1, 2018 Ending Date June 30, 2019 Registration Fee N/A
Usual Location Fr. Yauss Youth Room Usual day and time Sunday, 7:00-8:30 PM
Routine Activities Prayer, Games, Small Group Activities, Topic discussions, Snacks, Small group activities
Group Leader Lori Knapschaefer Telephone No. 419-678-3328/Cell: 419-852-4142
Other Information _____

2. JUNIOR HIGH YOUTH GROUP Grades 7th and 8th

Church Agency Holy Trinity Catholic Church Program or Group Junior High Youth Group
Starting Date July 1, 2018 Ending Date June 30, 2019 Registration Fee N/A
Usual Location Parish Office Youth Room (Basement) Usual day and time Wednesday, 7:30-9:00 PM
Routine Activities Prayer, Games, Small Group Activities, Topic discussions, Snacks, Small group activities
Group Leader Lori Knapschaefer Telephone No. 419-678-3328/Cell: 419-852-4142
Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

One-Time Activity

1. HIGH SCHOOL ONLY

Activity: World Youth Day Location: New Bremen High School, 901 E Monroe St, New Bremen, OH 45869
Emergency No. 419-852-4142 Cost \$5.00
Starting Date and Time October 17, 2018 6:00 pm Meeting Place Holy Trinity Church Parking Lot
Ending Date and Time October 17, 2018 10:00 pm Meeting Place Holy Trinity Church Parking Lot
Activities Involved: Music, Keynote Speaker, Question and Answer, Prayer Type of Transportation: Carpooling
Group Leader Lori Knapschaefer Telephone No. 419-678-3328/419-852-4142
Other Information _____

2. JUNIOR HIGH AND HIGH SCHOOL

Activity: Rake & Run Location: Various Homes located in the community of Coldwater, OH
Emergency No. 419-852-4142 Cost N/A
Starting Date and Time November 3, 2018 12:45 pm Meeting Place Holy Trinity Church Parking Lot

Ending Date and Time November 3, 2018 4:15 pm Meeting Place Holy Trinity Church Parking Lot

If Cancelled:

Alternative Starting Date and Time November 10, 2018 12:45 pm Meeting Place Holy Trinity Church Parking Lot

Alternative Ending Date and Time November 10, 2018 4:15 pm Meeting Place Holy Trinity Church Parking Lot

Activities Involved: Rake and Bag Fallen Leaves Type of Transportation: Carpooling

Group Leader Lori Knapschaefer Telephone No. 419-678-3328/419-852-4142

Other Information _____

3. HIGH SCHOOL ONLY

Activity: Coffee House Location: Coldwater High School Auditorium, Coldwater, OH 45828

Emergency No. 419-852-4142 Cost N/A

Starting Date and Time December 9, 2018 2:00 pm Meeting Place Coldwater High School Auditorium

Ending Date and Time December 9, 2018 5:00 pm Meeting Place Coldwater High School Auditorium

Activities Involved: Skits, Singing, Instrumental Music Type of Transportation: None

Group Leader Lori Knapschaefer Telephone No. 419-678-3328/419-852-4142

Other Information _____

4. HIGH SCHOOL ONLY

Activity: The 177 Project Location: Marion Local High School, 1901 St. Rte 716, Maria Stein, OH 45860

Emergency No. 419-852-4142 Cost N/A

Starting Date and Time December 16, 2018 6:15 pm Meeting Place Holy Trinity Church Parking Lot

Ending Date and Time December 16, 2018 9:45 pm Meeting Place Holy Trinity Church Parking Lot

Activities Involved: Rosary, Eucharistic Adoration, Concert Type of Transportation: Carpooling

Group Leader Lori Knapschaefer Telephone No. 419-678-3328/419-852-4142

Other Information _____

5. HIGH SCHOOL ONLY

Activity: March for Life Location: Washington D.C. Emergency No. 419-852-4142 Cost 100.00

Starting Date and Time January 17, 2019 7:00 pm Meeting Place St. Augustine Church, Minster, OH

Ending Date and Time January 19, 2019 Meeting Place St. Augustine Church, Minster, OH

Activities Involved: March for Life, Youth Rally and/or Youth Mass Type of Transportation: Bus(es)

Group Leader Lori Knapschaefer Telephone No. 419-678-3328/419-852-4142

Other Information Will be traveling with surrounding youth groups

6. JUNIOR HIGH ONLY

Activity: VIA AWAKE Location: St. Michael Hall, Ft. Loramie, Ohio

Emergency No. 419-852-4142 Cost \$15.00

Starting Date and Time February 10, 2019 4:00 pm Meeting Place Holy Trinity Church Parking Lot

Ending Date and Time February 10, 2019 9:30 pm Meeting Place Holy Trinity Church Parking Lot

Activities Involved: Small Groups, Meal, and Eucharistic Adoration Type of Transportation: Carpooling

Group Leader Lori Knapschaefer Telephone No. 419-678-3328/419-852-4142

Other Information _____

7. HIGH SCHOOL ONLY

Activity: Cast Your Nets Location: Sacred Heart of Jesus, McCartyville, OH
Emergency No. 419-852-4142 Cost \$10.00
Starting Date and Time March 10, 2019 3:15 pm Meeting Place Holy Trinity Church Parking Lot
Ending Date and Time March 10, 2019 10:00 pm Meeting Place Holy Trinity Church Parking Lot
Activities Involved: Workshops, Meal, and Mass Type of Transportation: Carpooling
Group Leader Lori Knapschaefer Telephone No. 419-678-3328/419-852-4142
Other Information _____

8. JUNIOR HIGH ONLY

Activity: Spiritual Survivor Location: Maria Stein Spiritual Center, Maria Stein, OH
Emergency No. 419-852-4142 Cost \$5.00
Starting Date and Time April 10, 2019 6:30 pm Meeting Place Holy Trinity Church Parking Lot
Ending Date and Time March 10, 2019 9:00 pm Meeting Place Holy Trinity Church Parking Lot
Activities Involved: Small Group Activities, Team Building Activities Type of Transportation: Carpooling
Group Leader Lori Knapschaefer Telephone No. 419-678-3328/419-852-4142
Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

Signature of Parent/Guardian: _____ **Date:** _____