



OUR LADY of VICTORY

Confirmation Retreat Permission Slip — October 10, 2020

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

- 1. I, the custodial parent/legal 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, indemnify, and hold harmless _____ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.
2. I 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 of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.
3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.
4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.
5. Please indicate. I [] agree [] do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.
6. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.
7. Parish and 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.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ Date ___/___/_____

Print Name of Parent or Guardian _____

Home Address _____ City _____ Zip _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

Medical Information — Completed by Parent or Guardian — Please Print
Please fill out one form per child.

Child's Name _____ Birth date ____/____/____
Allergies _____
Medications _____
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma) _____

Family Doctor _____ Phone No. _____
Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____
Emergency Contact Phone No. (cell): _____; (other 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.)

B. One Time Activity

Parish/School Our Lady of Victory Program or Group Confirmation Retreat
Location Our Lady of Victory Parish, 810 Neeb Rd. Cincinnati, OH 45233
Emergency Number 513-347-8825 Cost N/A
Starting Date & Time October 10, 2020 at 9:00am Meeting Place Convocation Center
Ending Date & Time October 10, 2020 at 3:00pm Meeting Place Convocation Center
Activities Prayer, ice breakers, talks, reconciliation, and Confirmation Preparation.
Group Leader Jonathan Schaefer, Director of Religious Education
Telephone No. 513-347-2071
Other Information Lunch not provided, please bring a sack lunch.

Signature of Custodial Parent/Legal Guardian _____ Date ____/____/____