

Archdiocese of Cincinnati: PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-2020)

1. I, the custodial parent/legal guardian of _____ (**please list all children registering**), 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 **St. Michael Church** ("Parish and School"), the Archdiocese of Cincinnati, the Archbishop of Cincinnati, 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 w/the agents of Parish/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. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. 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, except for the choice of law provisions thereof.

8. 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:** _____

Insurance information for the child/children listed on other side of this form

Medical Insurance Co. _____ Policy/Group # _____ Policy Holder's Name _____

Insurance Phone # _____ Family Physician and Phone: _____

ON GOING ACTIVITY INFORMATION

Church Agency: St Michael Church Emergency #: 937-295-2891 or 937-295-2179 **Location:** St. Michael Church, St. Mike's Place, St. Michael Hall & Ft. Loramie High School(Wednesday evenings only) **Starting Date/Time:** 08/02/2020- various starting times **Ending Date/Time:** 08/02/2021 – various ending times **Activities Involved:** All regularly scheduled Religious Education (RE) and Youth Ministry (YM) activities **Type of Transportation (if any):** Provided as necessary

Contact Info: Melissa Hoying 1-6th grades Religious Education, melissah@nflregion.org office # 937- 295-2179

Wendy Gerstner 7-12th grades Religious Education and Youth Ministry wendyg@nflregion.org office #937-295-2179

Other Information: This Medical Release Form will be used for all Religious Education classes and associated events.

St. Michael Parish 2020-2021 Religious Education Registration

Parents or Primary Guardian: _____

Contact 1: _____ Cell#: _____ Contact 2: _____ Cell#: _____

Mailing address: _____

Primary Email: _____ Home Ph.# _____

Attention Parents: we will be using the Remind App for all CCD related messages.

Grade	1st Child's First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Medical information: does this child have an IEP, allergies, dietary restrictions				
Grade	2 nd Child's First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Medical information: does this child have an IEP, allergies, dietary restrictions				
Grade	3 rd Child's First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Medical information: does this child have an IEP, allergies, dietary restrictions				
Grade	4 th Child's First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Medical information: does this child have an IEP, allergies, dietary restrictions				
Grade	5 th Child's First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Medical information: does you this have an IEP, allergies, dietary restrictions				

Payment at the time of registrations is not required, however it is welcomed. If no payment is made at registration, an invoice will be sent at a later date. No child will be refused due to an inability to pay.

Gr. 1-12 Fees: 1 child \$70 total, 2 children \$130 total, 3 children \$175 total, 4 or more children \$200 total
Other fees: Freshman Confirmation student – \$15 additional

There will be NO Kindergarten CCD this year.

Registration forms are due August 19th 2020. Mail to P.O. Box 7 Fort Loramie, OH 45845, drop off at Religious Education Office, or put in collection basket marked "St. Michael Religious Education."

Signature of Parent/Guardian: _____

Date: _____

Office Only: Full Payment Receive Partial Payment of \$_____ Received Balance due payment of \$_____ Received