

VBS + TOTUS TUUS PERMISSION FORM

VBS @ ST. BERNARD: JULY 17-21 (NO THURS), AGE 4-GRADE 5, 6-8:45PM

VBS @ ST. FRANCIS: JULY 24-27, AGES 4-GRADE 5, 6:30-8:45PM

TOTUS TUUS @ ST. HENRY: JULY 17-21, GRADES 1-6, 9AM-2PM

JULY 16-20, GRADES 7-12, 7-9PM

Child's Name: _____ Grade: _____ Gender: _____

Child's Name: _____ Grade: _____ Gender: _____

Child's Name: _____ Grade: _____ Gender: _____

Child's Name: _____ Grade: _____ Gender: _____

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

- I, the custodial parent/legal guardian of my child(ren) identified on this form, give permission for my Child to participate in the activity described on the Activity Information Form (the "Activity") & release from all liability, indemnify, and hold harmless **St. Henry Cluster Parishes** (print name of parish & school) ("Parish & School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes & schools within the Archdiocese, & all of their agents, representatives, volunteers, & employees from any & 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 & 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 & schools within the Archdiocese, or their agents, representatives, volunteers, & employees.
- I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, & 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), & 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 & I will consult with a health care professional before participating in the Activity.
- I agree to instruct my Child to cooperate with the agents of Parish & School and/or the Archdiocese who are in charge of the Activity.
- I authorize the agents of Parish & 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 & 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.
- Please indicate.** I agree do not agree that Parish & School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, & office functions.
- Please indicate.** I agree do not agree that Parish & School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.
- 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.
- 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 & accept the terms & conditions stated herein & I acknowledge & agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective & binding upon me, my Child(ren), & our personal representatives, estates, assigns, heirs, & next of kin. I have signed below of my own free will.

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

Father's Name: _____ Mother's Name: _____

Mailing Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Parish: _____

Place of Employment: _____ Phone: (w) _____

Work Address: _____ City: _____ Zip: _____

Phone: (home) _____ (cell) _____ (cell) _____

Emergency Contact Name: _____ Phone: _____

******* MEDICAL INFORMATION - Completed by Parent/Guardian - PLEASE PRINT *******

| Child's Name | Birthdate | Social Security #* | Allergies/Medications/Chronic Conditions (e.g. epilepsy, diabetes) |
|--------------|-----------|--------------------|--|
| | | | |
| | | | |
| | | | |

Medical Insurance Co.: _____ Policy No. _____

Member's Name: _____ Phone: (h) _____ (w) _____

Member's Birth Date: ____/____/____ Member's Social Security #* _____

Family Doctor: _____ Phone: _____

*Social Security numbers are optional, but SHOULD NOT be emailed due to Personal Identifiable Information Act. Some hospitals will NOT treat without it.