

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the 2016 CHOSEN JH Youth Rally at LaSalle High School in Cincinnati, OH (described further on the reverse side), and do hereby release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorney fees, arising out of any injury or illness incurred by the undersigned and/or participant 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 the participant, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.
3. I agree to instruct my Child to cooperate with the Archbishop or his agents in charge of this activity.
4. I appoint the Archbishop or his agents acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness of medical emergency occurs during the activity or related travel:
 - (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our representative shall deem necessary or appropriate for the best interest of the Child.
 - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact the listed emergency contact as soon as possible in the event of a medical emergency involving my Child.
5. This power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency (or that of my child), but shall lapse automatically upon completion of the activity and related travel. The release and indemnification shall survive the completion of all activities.
6. I agree that the Archbishop or his agents, including local parishes, may use my child's photograph for promotional purposes, website and office functions, and hereby release the Archbishop and his agents from any liability resulting from such use.
7. 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 Medical Power of Attorney shall be effective and binding upon me and/or my child, and my own and/or 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 Legal Guardian: _____	Date: _____
Name: _____	Phone: (day) (____) _____ (eve) (____) _____

Address _____ City/State/Zip _____

Place of Employment _____

2nd Emergency Contact _____ Phone: (day) _____ (eve) _____

Medical Information — Please Print Clearly

Child's Name _____

Medical Insurance Co. _____ Policy No. _____

Member Name _____ Phone: day: (____) _____ eve: (____) _____

Child's Social Security #:* _____ Member's Soc. Sec. # * _____

Family Physician: _____ Phone #: (____) _____

Allergies (especially foods): _____

Special Dietary Concerns: _____

Current Medications: _____

Chronic conditions (i.e., epilepsy, diabetes): _____

*** Social Security numbers are optional. Please note that some hospitals WILL NOT treat without it.**

**ACTIVITY INFORMATION
Completed by Church Agency - Please Print**

One-Time Activity

Church Agency Archdiocese of Cincinnati Office of Youth and Young Adult Ministry

Activity Fall 2016 Archdiocesan JH Youth Rally, "Chosen: Heroes of God's Mercy"

Location Roger Bacon High School (4320 Vine Street, Cincinnati, OH 45217)

Cost: Registered: \$15 p/person

Starting Date/Time Saturday November 5, 2016 5:00 PM Ending Date/Time Saturday November 5, 2016 9:20 PM

Type of Transportation provided: none Meeting and Drop-Off Place At Roger Bacon High

Activities Involved food, music, walking, standing, Adoration

Parish/School Group Leader: Jeff Rosfeld Telephone No. 513-314-1147

Archdiocesan Organizer Tim Colbert, Regional Director, OYYAM Telephone No. (513) 421-3131 x5050 (office)
(937) 223-1001 (office)
(937) 602-7303 (mobile phone)

COPY THIS DOCUMENT DOUBLE-SIDED!

Instructions for editing this form in accordance with your group needs

this page is for information only and does not need to be copied and/or turned in to the Archdiocese

Here are the edits you MUST make:

1. **Parish/School group leader:** The group leader or individual chaperone is the primary contact person for parents during this event, not the archdiocesan leader. You must fill this in with a name and an emergency contact phone.

Other changes you MAY make:

1. **Type of transportation:** If you are providing transportation for your youth to this event, you MUST fill this portion of the form out where it currently says “none”.

Type of Transportation from Cincinnati: car caravan Meeting and Drop-Off Place St. Thomas Parish

Please note: If you are transporting your kids to this event, you must have at least 2 adults. You do not, however, have to have 2 chaperones inside the event itself for a small group because there will already be more than 2 adults present.

2. **Event start and end time:** If you are providing transportation, you must change the start and end time to reflect the time the kids meet for transportation and expected time of arrival back at that starting location.
3. **Cost:** If for whatever reason you want to charge more for your event than the Archdiocese charges (i.e., you are providing transportation and want to share the cost of the bus), you need to indicate that change on this form as over and above the prices listed.

As always, remember these rules about transporting youth:

1. 15-passenger vans are prohibited by the General Secretary of the USCCB.
2. All drivers must be 21 or older.
3. In an automobile: one seat belt, one passenger.
4. Church leaders should confirm a valid driver's license and liability insurance coverage for all drivers. (Seems like a pain, but well worth it if there is an accident).
5. The driver's insurance is the primary insurance coverage, so the Archdiocese recommends that drivers call their insurance company to put a temporary rider on their policy to carry liability of \$1,000,000 for the duration of the trip. That can be done at minimal cost, and out of courtesy that cost should be picked up by the parish. *(In the event of a catastrophic accident, archdiocesan insurance will cover a significant amount of medical expenses for the driver once that driver's own health insurance plan has been maxed out, but this does not apply to any passengers, nor to any other vehicle the driver may have hit).*