

**ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

- 1. I, the undersigned, 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 March for Life 2020 in Washington, DC (described further on the reverse side), 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 (or my child’s) participation is purely voluntary and is a privilege and not a right, and that I (or my child and I on behalf of my child) elect to participate in spite of the risks.
- 3. I agree (or if participant is under 18, agree to instruct my child) to cooperate with the Archbishop or his agents in charge of this activity. Should it be necessary for me or my child to return home, whether through disciplinary, medical or other reasons as deemed at the sole discretion of the representatives of the Archdiocese, I agree to assume any and all related transportation expenses.
- 4. I appoint the Archbishop or his agents acting as leaders of the activity to seek medical treatment for me or my child, 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 my best interest, or that of my 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.
- 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 event and related travel. The release and indemnification shall survive the completion of all activities.
- 6. I  agree  do not agree that the Archbishop or his agents, may use my (and/or my child’s) photograph for promotional purposes, website and office functions, and use social media and technology to communicate to my child regarding ministry related activities.
- 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.

**REFUND POLICY:** In the event that I, or my child cannot attend for any reason, there will be no refund of payments made. In the event the Archdiocese cancels the event due to forces beyond its control (i.e., inclement weather), there may be no refund, or there may be a partial or full refund based upon what funds the Archdiocese is able to recover from paid expenses.

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.

**Participant Name:** \_\_\_\_\_ **Parish/School:** \_\_\_\_\_ **Gender: M** \_\_\_ **F** \_\_\_

Age on 01/23/2020: \_\_\_\_\_ Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

**If participant is 18 years of age or older this is required:**

Signature of participant \_\_\_\_\_ Date: \_\_\_\_\_

**If participant is under 18 years of age this is required:**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (day) (\_\_\_\_) \_\_\_\_\_ (eve) (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

**Medical Information — Please Print Clearly**

Child Name \_\_\_\_\_ Birth Date. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies (especially foods): \_\_\_\_\_

Special Dietary Concerns: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Chronic conditions (*i.e., epilepsy, diabetes*): \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member Name \_\_\_\_\_ Phone: day: (\_\_\_\_) \_\_\_\_\_ eve: (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

**One-Time Activity**

Church Agency Archdiocese of Cincinnati Office for Respect Life Ministries

Activity 2020 March for Life in Washington, DC and follow up gathering at the Potomac Center

Location Washington, DC, and the Potomac Retreat Center (11 Tabernacle Way, Falling Waters, WV 25419)

Emergency No. \_\_\_\_\_

Cost: **\$ 160** per person (Financial Aid Available)

Starting Date/Time 7PM January 23, 2020 Ending Date/Time 6AM January 25, 2020

Transportation: Chartered Bus Meet/Drop-Off: Good Shepherd Parish (8815 E. Kemper Rd. Cincinnati 45249)

Activities Involved Walking, being outside in cold weather

Group Leader \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Other Information \_\_\_\_\_

**COPY THIS DOCUMENT DOUBLE-SIDED!**  
**Without both sides copied, this form is invalid and your registration will be returned.**