

## Permission, Release, and Medical Power of Attorney 2019-2020

Church: Bellarmino Chapel

Programs/Groups: BYG & byg Youth Ministry



Starting Date: September 22, 2019

Ending Date: May 1, 2020

Usual Location: McDonald Memorial Library, First floor. Group may also gather at O'Conner Sports Center, Arrupe Overlook, and various venues located on XU campus.

Routine Activities: Faith discussions, prayer, dinner, group games and activities.

Director of Youth Ministry, Allison Borden, Office # (513) 745-4224 Cell # (502) 262-7031

### Archdiocese of Cincinnati - Permission, Release and Medical Power of Attorney

- I, the undersigned, do hereby release from all liability and indemnify the Archbishop of Cincinnati 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 above named event. 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.
- 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.
- 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.
- 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, with respect to the following matters if any injury, illness of medical emergency occurs during the activity or related travel:
  - 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.
  - 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.
- 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 above event and related travel. The release and indemnification shall survive the completion of all activities.
- I agree that the Archbishop or his agents, including local parishes, may use my (and/or 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.
- I agree that the Archbishop or his agents are not and shall not be responsible for assuring that I or my child take any medications, prescription or otherwise, which are indicated on the medical information form for myself (or my child's)
- 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.

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

Age: \_\_\_ Address: \_\_\_\_\_ City/State/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: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Alternative Emergency Contact \_\_\_\_\_ Phone: (cell) \_\_\_\_\_

(home) \_\_\_\_\_