

**CREDO PARTICIPANT Liability Release Form**

*Release of All Claims*

**ARCHDIOCESE OF CINCINNATI AND CREDO CONSENT,  
RELEASE AND INDEMNIFICATION AGREEMENT AND MEDICAL POWER OF ATTORNEY**

1. I, the undersigned, do hereby release from all liability and indemnify **CREDO (also known as "CREDO: I Believe" and formerly known as Cincinnati 2000)**, the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati, and all parishes within the Archdiocese, and their agents, representatives, volunteers, and employees from any and all liability, claims, judgments and expenses, including attorney fees, known or unknown at this time, arising out of any injury, sickness, death or property damage of any kind which may be incurred by the undersigned and/or participant (if participant is under 18) while participating in or traveling to or from the **CREDO** youth conference on September 26-28, 2008 at Moeller High School.
2. 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 **CREDO**, I agree to presume any and all related transportation expenses.
- 3a. 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 in the event of any injury, illness or medical emergency:
  - (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 attorney 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 at soon as possible in the event of a medical emergency.
- 3b. The powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop or his agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency. This power of attorney shall lapse automatically upon completion of the activity and related travel. The release and indemnification provisions shall survive the completion of all **CREDO** activities.
4. I agree that the Archbishop or his agents, including **CREDO** and local parishes, may use my (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.
5. I agree that the Archbishop or his agents, including but not limited to **CREDO** and local parishes, 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 back of this form.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning and have filled out the necessary medical information on the back of this form.

**Participant name:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** M \_\_\_ F \_\_\_

**City/State/Zip:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**A parent's e-mail:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

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

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

**\*If participant is under 18 years of age:**

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

**Date** \_\_\_\_\_ **Day Phone:** (\_\_\_\_) \_\_\_\_\_ **Evening Phone:** (\_\_\_\_) \_\_\_\_\_

**EVERY PARTICIPANT NOT YET GRADUATED FROM HIGH SCHOOL (even if 18)  
MUST BE ACCOMPANIED BY A CHAPERONE 21 YEARS OF AGE OR OLDER.**

**Chaperones must complete a CHAPERONE liability form and indicate who they are chaperoning on the back  
One person may chaperone as many as 7 participants**

**Chaperone Name (if applicable):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Day Phone:** (\_\_\_\_) \_\_\_\_\_ **Evening Phone:** (\_\_\_\_) \_\_\_\_\_

\*Participants under 18 years of age must have written permission, signed by a parent or legal guardian (not simply the chaperone), to leave the retreat during retreat hours or arrive late. No exceptions.

**MEDICAL INFORMATION — Please Print Clearly**

Please fill in all information

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

Member Name \_\_\_\_\_ Phone (h): (\_\_\_\_) \_\_\_\_\_ Phone (w): (\_\_\_\_) \_\_\_\_\_

\*Child's Social Security #: \_\_\_\_\_ \*Member's Social Security #: \_\_\_\_\_

\*Social Security numbers are optional; however, please note that some hospitals WILL NOT treat without them.

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

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

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

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

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

**In case of emergency please contact:**

Name: \_\_\_\_\_ 2<sup>nd</sup> Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

**TO COMPLETE REGISTRATION PROCESS AND ASSURE SPACE:**

**\$35**

Please return this form (Liability Release form on the reverse side of this sheet must also be completed and signed) along with a \$35 registration fee for each participant and chaperone. If more than one chaperone (not including the associated youth) is coming from one place, it is a group registration. For groups, please send one parish, school or personal check to cover the total number of students and chaperones (\$35 for each participant and chaperone). To assure space, registration and applicable fees must be received no later than September 19, 2008. After that, you may register at the door. Check should be made payable to "CREDO" and mailed to:

Registrations received by September 5 will receive **FREE T-shirts** for each participant!

CREDO Registration  
P.O. Box 43254  
Cincinnati, Ohio 45243-0254

Late/Walk-In registrations will be accepted as long as space is available.

**GROUP REGISTRATION**

(Please attach a separate sheet listing all chaperones and youth coming from your parish or school, and send all forms in together!)

Contact Person: \_\_\_\_\_ Parish/School: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Day Phone: (\_\_\_\_) \_\_\_\_\_ Contact Evening Phone: (\_\_\_\_) \_\_\_\_\_

Number of Participants in group: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Is this your first CREDO/Cincinnati 2000 retreat? Y / N If yes, who referred you? \_\_\_\_\_

If no and you referred a *new* person, list that person here: \_\_\_\_\_

(Youth that bring a NEW person to the CREDO weekend will get a **FREE "floorbuster" seat cushion!!!**)

This registration form as well as additional information can be found at: [www.credoibelieve.org](http://www.credoibelieve.org)