



PLEASE COMPLETE THE OPPOSITE SIDE BEFORE PROCEEDING

**St. Gertrude L'alto: High School Hiking Trip
Tuesday, June 13, 9:30am-4pm
East Fork Lake**

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 07/2020)

- I, the lawful parent or guardian of the **child(ren) included on the opposite side of this form** give permission for my child(ren) to participate in the activity described below and release from all liability, indemnify, and hold harmless ST. GERTRUDE ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and 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 and 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 and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.
- I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and 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), and 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 and I will consult with a health care professional before participating in the Activity.
- I agree to instruct my Child(ren) to cooperate with the agents of Parish/School/Archdiocese who are in charge of the Activity.
- I authorize the agents of Parish and 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 and 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.
- 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, excluding, and irrespective of, any choice of law principles to the contrary.
- Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is canceled 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 and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child(ren), and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Sign HERE → Signature of Parent/Guardian _____ Date ____/____/____

Parent/Guardian printed name _____ Relationship: _____ Phone (c) _____

Parent/Guardian printed name _____ Relationship: _____ Phone (c) _____

Parent(s)/Guardian(s): Primary email _____ Second email _____

Home Address _____ City _____ State _____ Zip _____

Opposite this page, please be sure to complete the Picture Release & Medical Information for EACH child.

Parish/School Activity: St. Gertrude L'alto High School Hiking Trip **Location** East Fork Lake 3294 Ellick Rd. Bethel, OH 45106
Emergency No.: Laura Potter, 720-387-5987 **Cost:** Free **Drop Off:** 9:30am at St Gertrude Church 6453 Miami Ave, Cincinnati, OH 45243 **Pick Up:** 4pm at St Gertrude Church 6453 Miami Ave, Cincinnati, OH 45243 **Round trip transportation** from St Gertrude Church to East Fork Lake provided by safe parish trained adults. **Activities Involved:** Driving to East Fork Lake, hiking, sack lunch, Mass, team building activities, celebrating St Anthony of Padua's feast day **Group Leader Telephone No.:** Laura Potter, Coordinator of High School Ministry, 720-387-5987 **Other Information:** Bring a backpack with a sack lunch, water bottle(s) & this permission form.

STUDENT #1

Name (First, Last): _____ Date of Birth ____ / ____ / ____ Grade Fall of 2022 _____ School _____

If applicable: Teen Email: _____ Teen Cell: _____ Teen parish: _____

Please indicate. I agree do not agree that St. Gertrude Church/School (and/or the Archdiocese) may use student #1's portrait or photograph for promotional purposes, website, and office functions.

Please indicate. I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities

Allergies/Medical Conditions(epilepsy, diabetes, asthma, etc)/Medications: _____

Academic/Behavior Concerns/Medications: _____

STUDENT #2

Name (First, Last): _____ Date of Birth ____ / ____ / ____ Grade Fall of 2022 _____ School _____

If applicable: Teen Email: _____ Teen Cell: _____ Teen parish: _____

Please indicate. I agree do not agree that St. Gertrude Church/School (and/or the Archdiocese) may use student #2's portrait or photograph for promotional purposes, website, and office functions.

Please indicate. I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities

Allergies/Medical Conditions(epilepsy, diabetes, asthma, etc.)/Medications: _____

Academic/Behavior Concerns/Medications: _____

STUDENT #3

Name (First, Last): _____ Date of Birth ____ / ____ / ____ Grade Fall of 2022 _____ School _____

If applicable: Teen Email: _____ Teen Cell: _____ Teen parish: _____

Please indicate. I agree do not agree that St. Gertrude Church/School (and/or the Archdiocese) may use student #3's portrait or photograph for promotional purposes, website, and office functions.

Please indicate. I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities

Allergies/Medical Conditions(epilepsy, diabetes, asthma, etc.)/Medications: _____

Academic/Behavior Concerns/Medications: _____

If you have additional children to include, please print another copy of this page and submit it as well. Thank you! May God bless you!