



PLEASE COMPLETE THE OPPOSITE SIDE BEFORE PROCEEDING

**L’alto: High School Mini March for Life, January 16, 2022**

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

1. I, the custodial parent/legal guardian of the child(ren) LISTED ON THE BACK OF THIS PAGE, give permission for my Child(ren) to participate in the activity described on the *Activity Information Form* (the “Activity”) and release from all liability, indemnify, and hold harmless **St Gertrude Church** (“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.

2. 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.


3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. 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.

5. 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, except for the choice of law provisions thereof.

6. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled 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, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.*

 Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian(s) Printed Full Name(s): \_\_\_\_\_ & \_\_\_\_\_

Parent/Guardian Phone No. (c) \_\_\_\_\_ (h) \_\_\_\_\_ Parent email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. (c) \_\_\_\_\_

**ACTIVITY INFORMATION**

**Church Agency/Program:** St Gertrude L’alto High School Mini March for Life **Date/Time:** Sunday, January 16, 1:30-4:30p.m.

**Locations:** Holy Name Church, 2422 Auburn Ave, Cincinnati, OH 45219 and 2314 Auburn Ave, Cincinnati, OH 45219

**Transportation:** Drop off 1:30 p.m. & pick up at 4:30 p.m. at Holy Name Church. Pick up at Holy Name Church at 4:30 p.m.

**Activities involved** Prayer, short talks, positive pro-life messages, singing hymns. The group will walk from Holy Name down Auburn Avenue to stand in front of Planned Parenthood from 2-4pm. Group will walk back from Planned Parenthood to Holy Name Church. **Group Leader** Walter Plummer, Dir. Of Youth Formation **Telephone No.** 513-561-8369 **Emergency Phone number:** 440-541-3176 (Dir. Of Youth Formation Cell) **Cost:** N/A **What to bring:** Warm clothes, rosaries, positive, pro-life signs, and an openness to pray for the unborn, mothers, and even those who are inside the clinic.

Please complete the following for your TEEN(S) attending the Mini March for Life

**Please sign and complete the opposite side as well.**

**Teen #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Please indicate.** I  agree  do not agree that St Gertrude Church/School (and/or the Archdiocese) may use Child #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 (ie Flocknote).

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/ (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

**ONLY for NEW PARTICIPANTS:** If this is your teen's first event with St Gertrude, please complete the following.

Teen's High School \_\_\_\_\_ Graduation year \_\_\_\_\_ Teen's Parish \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Teen #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Please indicate.** I  agree  do not agree that St Gertrude Church/School (and/or the Archdiocese) may use Child #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 (ie Flocknote).

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/ (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

**ONLY for NEW PARTICIPANTS:** If this is your teen's first event with St Gertrude, please complete the following.

Teen's High School \_\_\_\_\_ Graduation year \_\_\_\_\_ Teen's Parish \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Teen #3**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Please indicate.** I  agree  do not agree that St Gertrude Church/School (and/or the Archdiocese) may use Child #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 (ie Flocknote).

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/ (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

**ONLY for NEW PARTICIPANTS:** If this is your teen's first event with St Gertrude, please complete the following.

Teen's High School \_\_\_\_\_ Graduation year \_\_\_\_\_ Teen's Parish \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_