

St Gertrude Church *L'alto*: Confirmation, 7th grade retreat, Saturday, August 28, 2021
ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 07-2020)

1. I, the custodial parent/legal guardian of _____ (the "Child"), give permission for my Child 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. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions (ie parish bulletin, youth ministry flyers, Instagram posts, etc).

6. *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).

7. 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.

8. 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 Cell Phone _____ Parent/guardian email _____

Emergency Contact _____ Phone No. (c) _____ (h) _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____/____/____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

ACTIVITY INFORMATION

B. One-Time Activity

Activity: *L'alto*: Confirmation, 7th Grade Retreat **Date and Time:** August 28, 2021, 12:00-8:00pm **Location:** Miami Whitewater Forest
Drop Off: St. Gertrude School (bus loop), 6543 Miami Ave, Cincinnati, OH 45243 **Pick Up:** Miami Whitewater Forest, 9001 Mt Hope Rd, Harrison, OH 45030, High Plains Shelter (at the end of Timberlakes Dr. within the park.) **Emergency No.** (440) 541-3176 (Walter Plummer cell) **Cost** N/A **Ending Date and Time:** August 28, 2021, 8:00pm **Activities Involved:** Icebreakers & teambuilder activities, hiking, sports, small group discussion, personal prayer, Mass. **Parents/families are welcome to join us for Mass at 6:30pm**

Transportation: To the event-Busing from St. Gertrude Church to Miami Whitewater Forest. From the event-**Parents pick up children** after Mass OR children carpool back with arranged drivers. **Group Leader Telephone No.** Walter Plummer, 513-561-5954 x 2112 **Other Information** Please bring clothes and shoes ok to hike and get wet, water bottles, bug spray, sunscreen, and snacks for the hike.

OPTIONAL: PERMISSION TO HOLD AND ADMINISTER PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

(If you would like your child to receive medication as needed during the event, please fill out this form and provide the medicine at the event)

I hereby request and give my permission to the youth ministry director or his/her delegate (adult chaperone) to hold my child's medications at youth events.

Name of Child: _____

Name of Drug: _____

Dosage*: _____

*for example: In the case of a headache/cramps/minor pain, my child may take ibuprofen according to the dosage recommendations on the pill bottle.

Route: _____

At the following time(s): _____

Any additional notes: _____

Signature of Parent/Guardian

Date

Directions from St Gertrude Church to Miami Whitewater Forest (via OH-126, I-275)

Take Miami Ave to OH-126 W in Montgomery

1. Head north on Miami Ave toward Naomi Ave
2. Turn right onto US-22 E/ Montgomery Rd
3. Turn left toward OH-126 W

Follow OH-126 W, Ronald Reagan Cross County Hwy and I-275 W to OH-128 in Miamitown. Take exit 7 from I-275S

4. Continue onto OH-126 W
5. Keep right to stay on OH-126 W
6. Continue onto Ronald Reagan Cross County Hwy
7. Merge onto I-275 W
8. Keep right to continue on I-275 S
9. Take exit 7 Toward OH-128

Follow OH-128 and Mt Hope Rd to your destination in Crosby Township

10. Turn right onto OH-128
11. Turn left onto Mt Hope Rd
12. Turn right to stay on Mt Hope Rd
13. Turn left onto Harbor Ridge Dr.

Directions to High Plains Shelter (within Miami Whitewater Forest)

From Mt. Hope Rd. (North side of the park)

Beginning southbound on Harbor Ridge Dr. from Mt. Hope Rd., turn right to continue on Harbor Ridge Rd.

Turn left on Timberlakes Dr.

Timberlakes Dr. will end at High Plains Shelter

From West Rd. (South side of the park)

Turn north onto Timberlakes Dr. from West Rd. (on the left if coming from Dry Fork Rd. On the right if coming from Harrison Ave.)

Follow Timberlakes Dr. to its end at High Plains Shelter

