




PLEASE COMPLETE THE OPPOSITE SIDE BEFORE PROCEEDING

**2022–2023 St. Gertrude Parish L’alto High School Winter Retreat** (Valid May 1, 2022– May 31, 2023)  
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 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 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(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.**

**Church Agency/Program** L’alto High School Winter Retreat, a ministry of St. Gertrude Church **Cost:** \$90  
**Starting Date & Time:** Friday, February 17, 2023 @ 7:00 p.m. **Ending Date & Time** Sunday, February 19 , 2023, 1:00 p.m.  
**Location:** Woodland Lakes Christian Camp & Retreat Center, 3054 Lindale Mt. Holly Road, Amelia, OH 45102  
**Transportation:** Parents drop off at Woodland Lakes, Main Lot, Friday, Feb. 17, 2023, 7:00 p.m. Parents pick up at Woodland Lakes, Main Lot, Sun. Feb. 19, 2023, 1:00 p.m.  
**Activities involved** Prayer, Sacrament of Reconciliation, Mass, Keynote talks, Small Group Discussions, Recreation, Sports, Team-building activities  
**Group Leader** Laura Potter, Coordinator of High School YM **Telephone No.** 513-561-5954 ext. 2109 **Emergency Phone number:** 720-387-5987 (Laura’s Cell)  
**What to bring:** Sleeping bag, pillow, personal hygiene items, clothing for outdoor activities, Mass-appropriate clothing, journal, musical instruments, Bible, snacks to share, games and activities to share

Please complete the following for your Teen's participating in St. Gertrude Parish L'alto High School Winter Retreat.

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

**STUDENT #4**

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 #4'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!