

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 06-2020)
St. Maximilian Kolbe Catholic Church June 1, 2020 thru May 31, 2021

Student's Name _____ School _____ Grade _____ Birthdate ____/____/____

ONE Medical Release Form PER CHILD is required per year (June 2020-May 2021)

1. I, the parent or lawful 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 and indemnify _____ ("School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, their respective officers, agents, representatives, volunteers, and employees, and all priest, bishops, clergy, and religious of the foregoing entities, from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, death, illness, or infectious disease, such as MRSA, influenza, or COVID-19, (including any injury, death, illness, or infectious disease caused by the negligence of School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, and/or their respective officers, agents, representatives, volunteers or employees) incurred by my child while participating in or traveling to or from the Activity and 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 School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further 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.

3. I agree to instruct my Child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my Child in the event any injury, illness, infectious disease, or medical emergency occurs during the Activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. I agree do not agree (please select one) that the Archbishop or his agents may use my Child's portrait or photograph for promotional purposes, website, and office functions and use social media and technology to communicate to my Child regarding ministry related activities.

6. This acknowledgement and release 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 acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

7. 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, irrespective of whether formally declared as a "pandemic", "epidemic", or the like by any public health entity or governing body.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date ____/____/____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____ (other Phone No.): _____

Emergency Contact Phone No. (cell): _____ (other Phone No.): _____

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Medical Information — Completed by Parent or Guardian — Please Print

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

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Family Doctor _____ Phone No. _____

See next page for activity information

ACTIVITY INFORMATION-SUBJECT TO CHANGE

Keep this page for your records!

Church Agency: St. Maximilian Kolbe Church Faith Formation
Starting Date: June 1, 2020 / **Ending Date:** May 31, 2021
Usual Location: St. Maximilian Kolbe Catholic Church and Family Life Complex

On-Going Programs

Program or Group Ancora

Usual day and time: Twice monthly on Tuesday evenings
Routine Activities: Scripture study, prayer, adoration, and discussion
Group Leader: 513-777-4322, ancora@saint-max.org

Program or Group Boosters

Usual day and time: As scheduled
Routine Activities: Practices, open gyms, and games
Group Leader: Robin Burbrink, 513-777-4322 Ext 124, rburbrink@saint-max.org

Program or Group Cherub Choir/Kindergarten Choir

Usual day and time: Tuesday evenings/Wednesday evenings, Saturdays, Sundays, and as announced
Routine Activities: Weekly rehearsals and singing at Mass as announced
Group Leader: Holly Saddler, 513-777-4322 Ext 103, hsaddler@saint-max.org

Program or Group Children's Choir

Usual day and time: Tuesday evenings/Wednesday evenings, Saturdays, Sundays, and as announced
Routine Activities: Weekly rehearsals and singing at Mass as announced
Group Leader: Mary Ella Wielgos, 513-777-4322 Ext 109, mwielgos@saint-max.org

Program or Group Fuel with Pflaum/Spark (formerly Early Childhood RFY or RFY Grades 1-8)

Usual day and time: Sundays and Mondays, family events as announced
Routine Activities: Faith Formation
Group Leader: Mary Lou Baker, 513-777-4322 Ext 120, mbaker@saint-max.org

Program or Group High School Youth – Ablaze (formerly HS Youth Nights), Wacky Wednesday, Evangelization Training

Usual day and time: Wacky Wednesdays: 7:00 pm – 9:00 pm; June 12th through August 7th
Usual day and time: Ablaze (Youth Nights): Sunday evenings during the school year 7:00 - 9:00 pm, with exceptions as announced
Usual day and time: Evangelization Training: As scheduled and posted on application
Routine Activities: Comprehensive Youth Ministry
Group Leader: Rebecca Feldkamp, 513-777-4322 Ext 118, rfeldkamp@saint-max.org

Program or Group Jr High Youth Group- Ignite (formerly Jr. High 1X1), Terrific Tuesdays, Summer Service Camp

Usual day and time: Terrific Tuesdays: Tuesdays 8:30 am -11:00 am, during the summer, June 11-August 18
Usual day and time: Ignite: Bi-weekly on Sundays & as announced, some offsite events
Usual day and time: Summer Service Camp: 1 week during the summer as announced, 8:00 am – 12:00 pm
Routine Activities: Comprehensive Youth Ministry for Grades 7 & 8
Group Leader: Rebecca Feldkamp, 513-777-4322, Ext. 118, rfeldkamp@saint-max.org

Program or Group Mighty Max

Usual day and time: TBD
Routine Activities: Early Childhood Ministry
Group Leader: TBD

Program or Group Sacramental Preparation for Penance and Eucharist

Usual day and time: Tuesday evenings and Saturday mornings as scheduled
Routine Activities: Formation Sessions and Retreats
Group Leader: Robin Burbrink, 513-777-4322 Ext 124, rburbrink@saint-max.org

Program or Group Sacramental Preparation for Confirmation

Usual day and time: Evenings as scheduled
Routine Activities: Formation Sessions and Retreats
Group Leader: Robin Burbrink, 513-777-4322 Ext 124, rburbrink@saint-max.org
Other Information: Retreat at Jesuit Spiritual Center in Milford as detailed on separate permission slip

Program or Group Teen Ensemble

Usual day and time: Wednesday evenings 6:30 pm – 7:30 pm and Sundays as announced (once a month)
Routine Activities: Monthly rehearsals and singing at Mass as announced
Group Leader: Holly Saddler, 513-777-4322 Ext 103, hsaddler@saint-max.org

Program or Group VBS

Usual day and time: TBD
Routine Activities: Comprehensive Children's and Youth Ministry
Group Leader: Rebecca Feldkamp, 513-777-4322 Ext 118, rfeldkamp@saint-max.org

Note - Additional information may be found on the parish web site. This may include schedules, lists of specific activities, parent handbook, etc. to further inform parents(s) or guardian(s).