

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT** (rev. 04-26-2022)  
St. Maximilian Kolbe Catholic Church June 1, 2022 thru May 31, 2023

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
*ONE Medical Release Form PER CHILD is required per year (June 2022-May 2023)*

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 \_\_\_\_\_ (Parish or 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 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 School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, and their respective officers, 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 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 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 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. I  agree  do not agree (please select one) that Parish and School and/or the Archdiocese 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 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.

7. 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 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Home Address \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (cell): \_\_\_\_\_ (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_ (other Phone No.): \_\_\_\_\_

High School Student's Cell Phone # \_\_\_\_\_ High School Student's Email \_\_\_\_\_

**Continued on back**

**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 /Usual Location: St. Maximilian Kolbe Catholic Church/Family Life Complex

**Starting Date:** June 1, 2022 / **Ending Date:** May 31, 2023

**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](mailto:rburbrink@saint-max.org)

**Program or Group**      **Cherub Choir/Kindergarten Choir**

Usual day and time: Thursday evenings 5:00-6:00 pm  
Routine Activities: Weekly rehearsals and singing at Mass as announced  
Group Leader: Ron Miller, 513-777-4322 Ext 108, [rmiller@saint-max.org](mailto:rmiller@saint-max.org)

**Program or Group**      **Children's Choir**

Usual day and time: Wednesday evenings 5:00-6:00 pm  
Routine Activities: Weekly rehearsals and singing at Mass as announced  
Group Leader: Ron Miller, 513-777-4322 Ext 108, [rmiller@saint-max.org](mailto:rmiller@saint-max.org)

**Program or Group**      **Dead Theologians Society**

Usual day and time: Second & Fourth Fridays of each month beginning on Sept. 9; **Routine Activities:** Formation for Grades 8-12  
Group Leaders: Jo Zink and Debby Kellner, [DTS@saint-max.org](mailto:DTS@saint-max.org)

**Program or Group**      **Family Life Ministry**

Usual day and time: Family events as scheduled  
Routine Activities: Comprehensive Family Ministry  
Group Leader: Katie Keenan, 513-777-4322, Ext 129, [kkeenan@saint-max.org](mailto:kkeenan@saint-max.org)

**Program or Group**      **Fuel with Pflaum, Spark (Religious Formation for Youth, Early Childhood-Grade 8)**

Usual day and time: Sundays and Mondays, parent/youth formation events as announced  
Routine Activities: Family Formation  
Group Leader: Mary Lou Baker, 513-777-4322 Ext 120, [mbaker@saint-max.org](mailto:mbaker@saint-max.org)

**Program or Group**      **Handbell Choir**

Usual day and time: Thursday evenings, Saturdays, Sundays, and as announced  
Routine Activities: Weekly rehearsals and ringing at Mass as announced  
Group Leader: Helen Mondy, 513-777-4322 Ext 112, [hmondy@saint-max.org](mailto:hmondy@saint-max.org)

**Program or Group**      **High School Youth – Ablaze (formerly HS Youth Nights)**

Usual day and time: Ablaze (Youth Nights): Sunday evenings during the school year 7:00 - 9:00 pm, with exceptions as announced  
Routine Activities: Comprehensive Youth Ministry and Retreats  
Group Leader: Rebecca Bissonnette, 513-777-4322 Ext 118, [rbissonnette@saint-max.org](mailto:rbissonnette@saint-max.org)

**Program or Group**      **Jr High Youth Group- Ignite, Camp Carlo (Formerly Summer Service Camp)**

Usual day and time: Camp Carlo (Gd. 6-8): 1 week in summer as announced, 8:00am-12:00pm, June 6-10  
Usual day and time: Ignite (Gd. 6-8): Bi-weekly on Sundays & as announced, some offsite events  
Routine Activities: Comprehensive Youth Ministry for Grades 6-8 and Retreats  
Group Leader: Rebecca Bissonnette, 513-777-4322, Ext. 118, [rbissonnette@saint-max.org](mailto:rbissonnette@saint-max.org)

**Program or Group**      **Mighty Max**

Usual day and time: Mondays, Tuesdays, and Thursdays as scheduled  
Routine Activities: Early Childhood Ministry  
Group Leader: Sarah Lewis, 513-777-4322 Ext 128, [slewis@saint-max.org](mailto:slewis@saint-max.org)

**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](mailto:rburbrink@saint-max.org)

**Program or Group**      **Sacramental Preparation for Confirmation**

Usual day and time: Tuesday evenings as scheduled, Sunday afternoon Opening Event, Saturday retreat  
Routine Activities: Formation Sessions and Retreats  
Group Leader: Robin Burbrink, 513-777-4322 Ext 124, [rburbrink@saint-max.org](mailto:rburbrink@saint-max.org)

**Program or Group**      **Teen Ensemble**

Usual day and time: Saturdays 3:30 pm-5:30 pm (once/month), Sundays and occasional weeknights as announced.  
Routine Activities: Rehearsals and singing at Mass as announced  
Group Leader: Ron Miller, 513-777-4322 Ext 108, [rmiller@saint-max.org](mailto:rmiller@saint-max.org)

**Program or Group**      **VBS (Totus Tuus in 2022)**

Usual day and time: July 17-22, Youth Formation as announced  
Routine Activities: Comprehensive Children's and Youth Ministry  
Group Leader: Katie Keenan, 513-777-4322, Ext 129, [kkeenan@saint-max.org](mailto:kkeenan@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).