

**Mini March for Life (Rosary Rally in Downtown Cincinnati)**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Event:** Rosary Rally-Rosary praying for the end of abortion through downtown Cincinnati

**Contact for Event:** Becca Bissonnette

**Contact Info:** rbissonnette@saint-max.org 513-479-8888

**Date & Time:** Saturday, January 22, 2022 11 am-END?

**Location:** Meet at St. Max, Start at City Hall (ADDRESS) end at Fountain Square (Address)

**Transportation:** Chaperones driving OR self

**NEEDED PAPERWORK:**

- 1) A completed copy of the form below must be turned in.
- 2) A copy of **medical information must be on file and up to date.** *This would be completed on the Medical and Liability Form turned in for youth events for the school year (2021/22 school year).*

I, the lawful parent or guardian of \_\_\_\_\_ (the "child") give permission for my child to participate in the activity described on the Activity Information Form (attached above) and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as a trustee for the Archdiocese of Cincinnati and all parishes, schools, and institutions within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

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.

_____ <b>Signature of Parent or Guardian</b>	____/____/____ <b>Date</b>	_____ <b>Home Phone</b>
---	-------------------------------	----------------------------

Parent/Guardian Name (print) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Emergency Contract Phone \_\_\_\_\_

**Form is Due January 16 in the Parish Office**