

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 05-3-2021)
St. Maximilian Kolbe Catholic Church June 1, 2021 thru May 31, 2022

Student's Name _____ School _____ Grade _____ Birthdate ____/____/____
ONE Medical Release Form PER CHILD is required per year (June 2021-May 2022)

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

Starting Date: June 1, 2021 / **Ending Date:** May 31, 2022

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: Ron Miller, 513-777-4322 Ext 108, rmiller@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: Ron Miller, 513-777-4322 Ext 108, rmiller@saint-max.org

Program or Group

Faith on Fire (formerly RFY Grades 1-8)

Usual day and time: Sundays and Mondays, parent/youth formation 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: 7:00pm – 9:00pm; June 9-August 18
Usual day and time: Ablaze (Youth Nights): Sunday evenings during the school year 7:00 - 9:00pm, with exceptions as announced
Usual day and time: Evangelization Training: As scheduled and posted on application
Routine Activities: Comprehensive Youth Ministry
Group Leader: Rebecca Bissonnette, 513-777-4322 Ext 118, rbissonnette@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 (Gd. 6-8): Tuesdays 8:30 am -11:00 am, during the summer, June 8-August 24
Usual day and time: Summer Service Camp (Gd. 6-8): 1 week in summer as announced, 8:00am-12:00pm, July 12-16
Usual day and time: Ignite (Gd. 7-8): Bi-weekly on Sundays & as announced, some offsite events
Usual day and time: Radiate (Gd. 6): Monthly on Fridays and as announced
Routine Activities: Comprehensive Youth Ministry for Grades 6-8
Group Leader: Rebecca Bissonnette, 513-777-4322, Ext. 118, rbissonnette@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: 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

Program or Group

Teen Ensemble

Usual day and time: Wednesday evenings 6:30 pm – 7:30 pm and Sundays as announced (once a month), Saturday afternoons 3:30 pm-5:30 pm (once a month), Sundays and occasional weeknights as announced.
Routine Activities: Monthly rehearsals and singing at Mass as announced
Group Leader: Ron Miller, 513-777-4322 Ext 108, rmiller@saint-max.org

Program or Group

VBS

Usual day and time: TBD
Routine Activities: Comprehensive Children's and Youth Ministry
Group Leader: Holly Moran, 513-777-4322 Ext 107, hmoran@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).