Niederman Farms

Blessed Saints Pastoral Region Youth Ministries

St. Bartholomew

St. Vivian

Participation Form

Name:_____

Parent's email address: _____

____ My parent is able to chaperone. Number of seatbelts in car: _____

Parent Chaperone Name: _____

Total number of tickets requested: _____

Amount enclosed: _____

Please Fill out the emergency form on the back. ****If you have already filled out a form for the Blessed Saints youth ministry you do not have to fill out the medical information. You can just sign the back and make sure we have current emergency numbers.

Activity Information:

One-Time Activity

Church Agency Blessed Saints Youth Ministry (St. Bartholomew and St. Vivian)

Activity Trip to Niederman Farm Location _____

Emergency No. 513-646-0942 Cost $12 pre-ordered by 12 pm on 10-12-17, $15 after

Date and Time October 14th, 2017 6 pm – 10:30 pm.

Meeting Place St. Bartholomew 9375 Winton Rd. Cincinnati, OH 45231

Activities Involved All activities at the farm including bonfire, corn maze, play area, hay ride

Ty e of Transportation (if any) Car caravan

Group Leader Amy Staubach Telephone No. 513-646-0942

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 11-2016)

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 the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness 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 the Archbishop, 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 as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
   (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.
   (ii) 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. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.
7. 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.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney 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. (w) _____ (h) _____ (c) _____

Emergency Contact _____ Phone No. (w) _____ (h) _____
(c) _____

☐ My child's medical information is already on file

Medical Information — Completed by Parent or Guardian — Please Print

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

Child's Soc. Sec. No. *_____

Allergies _____

Medications _____

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

Medical Insurance Co._____ Policy No. _____

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

Member's Birth date ____/____/____ Member's Soc. Sec. No. * _____

Family Doctor _____ Phone No. _____

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.