

ST. MARY'S, HYDE PARK YOUTH MINISTRY
PERMISSION, RELEASE FROM LIABILITY, & LIMITED POWER OF ATTORNEY AGREEMENT

1a) I, _____, the custodial parent/guardian of _____, hereby do agree to the following terms for my child's participation in Teen Ministry activities of St. Mary's Parish, Hyde Park. These permissions, releases, indemnification, and temporary powers of attorney shall be in force for one year, as specified below. I recognize the designated Youth Minister, St. Mary Parish, Hyde Park as the responsible agent of the Archdiocese of Cincinnati (the "Archbishop").

1b) I release from all liability, and indemnify and hold harmless the Archbishop, both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof ("agents") any and all liability actions, causes of action, claims, judgments, costs or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from these activities.

2) **I agree to instruct my child to cooperate with the Archbishop or his agents in charge of these activities.**

3a) I appoint the Archbishop or his agents who are acting as leaders of these activities as my attorney in fact to act for me in my name and on 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 these activities: (i) To give any and all consents and authorizations to any physician, dentist, hospital, or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any emergency actions as our attorney shall deem necessary or appropriate for the best interest of my 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.

3b) The powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop or his agents who are then acting or who have previously acted there under. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency. **This power of attorney shall commence with the beginning of each activity and shall lapse automatically upon the completion of each activity.**

4) I agree that the Archbishop or his agents may use my child's portrait or photograph for editorial purposes and office functions, including computer media, and hereby release the Archbishop and his agents from any liability resulting from such use.

[Note: St. Mary's Youth Ministry, and associated staff members & volunteers will never post pictures of youth on the internet with individually identifiable names.]

5) **This release and indemnification and medical power of attorney shall be deemed valid for all activities of Teen Ministry of St. Mary's Parish, Hyde Park, on the school or church premises, and is understood to be valid for one year from the date granted.**

6) If any change occurs in the information provided by the custodial parent or guardian with respect to emergency contacts or medical information, the appropriate agent will be provided with written notification of such change as soon as possible.

I have read and agree to the terms listed on this form.

Signature of Custodial Parent/Guardian

Date Signed

Printed Name of Signer

ST. MARY'S, HYDE PARK YOUTH MINISTRY
PERMISSION, RELEASE FROM LIABILITY, & LIMITED POWER OF ATTORNEY AGREEMENT

On-going Program Information

Church Agency: St. Mary Parish Program or Group: **Bom Diggity, Junior High Thursday After School Mtgs**

Group Leader: Keith Pfaller Telephone Number: (w) 321-1207 ext 5525, (c) 910-9110

Usual Location: the RED HOUSE. Usual Day and Time: Thursdays; 3:30-5:00pm, Starting 9/11/08

Routine Activities: There are varieties of activities that occur to name a few: prayer, movies, games, sports, discussion, snacking, and spiritual growth.

Other Information: Much information about Youth Ministry activities and other permission slips can be found on the website, www.saintmaryhydepark.org --parish group youth ministry.

PLEASE PRINT ALL OF THE REQUESTED INFORMATION BELOW:

Teen's Name: _____ Birth date: _____

Teen's Residential Address: _____

Family Email: _____ Teen's Email: _____

Parent Phone: (h) _____ (c) _____ (w) _____

Emergency Contact _____ Phone (w) _____ (h) _____

My child may be given: ___Aspirin ___Tylenol ___Advil ___NO over-the-counter medicines

Teen's Allergies: _____

Teen's Medications: _____

Teen's Chronic Conditions: _____

Medical Insurance Company: _____ (For convenience, please provide a photocopied insurance card for our records)

Policy ID Number: _____

Member's Name: _____

Family Doctor: _____ Phone Number: _____

Family Dentist: _____ Phone Number: _____