

TCL 2008 - ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 7-2005)

(Note: changing any part of this form renders it invalid.)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes 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.
2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
- 3a. 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 my 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.
- 3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.
4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian _____ Date _____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Phone (work) _____ (home) _____

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

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Child's Soc. Sec. # * _____

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone: (h) _____ (w) _____

Member's Birth Date ____/____/____ Member's Soc. Sec. # * _____

*** Social Security number is optional; however, please note that some hospitals WILL NOT treat without it.**

Family Doctor _____ Phone _____

(See reverse for activity information)

ACTIVITY INFORMATION
Completed by Church Agency - Please Print

Parent/Guardian Information – Training Christian Leaders Institute, July 31 - August 3, 2008

Church Agency: Archdiocese of Cincinnati Office of Youth & Young Adult Ministry

Activity: Training Christian Leaders Youth Leadership Institute

Location: Bergamo Center Emergency #: 937-426-2363 Second Emergency #: 937-238-8560

Cost: If registration is received no later than 4:30 p.m. on Tuesday, July 1:

- \$245 per person, individual rate
- \$235 per person, group rate

If registration is received after Tuesday, July 1, and no later than 4:30 p.m., on Tuesday, July 15:

- \$260 per person, individual rate
- \$250 per person, group rate

Refund Policy: \$50 deposit per youth (and \$35 deposit for adults attending the entire weekend) is non-refundable. The balance is refundable until 4:30 p.m. on Tuesday, July 15. After that no refunds will be issued, but one may still make substitutions at no cost through Friday, July 25.

Starting Date and Time: Thursday, 7/31/08 – 6:30-7:00 p.m. Meeting Place Bergamo Center, Dayton

Ending Date and Time: Sunday, 8/3/08 – 4:30 p.m. Meeting Place Bergamo Center, Dayton

Activities Involved: Leadership development training and activities, including some outdoor physical activities*

Type of Transportation (if any): Provided by participants

Program Coordinator: Sean Reynolds, Archdiocesan Director Telephone No.: 513-421-3131 ext. 330

Other Information: *Note: outdoor physical activities include team initiatives and simulation activities (experiential learning activities that are moderately physically challenging). Please indicate on the reverse any medical conditions or limitations that could affect or prohibit your child's participation in these kinds of activities. Thank you

(See reverse for medical information)

