

Guardian Angels “Camp GAudeo 2019”

Camp Release Form

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* portion (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 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 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, elect to participate 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 my child’s portrait or photograph for promotional purposes (social media, website, office functions, etc.) and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)
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.

Please Initial Each Item Below:

- I have read and am familiar with all program information, and will continue to familiarize myself with additional materials that will be distributed as the event date approaches. _____
- I understand that, in addition to this release, my child will need to have a current contact/medial information form on file with the youth office for 2019. _____

Child’s Name: _____ Parent/Guardian Name: _____

Signature of Parent or Guardian _____ Date ____ / ____ / ____

Activity Information: Week-long Activity

Event: Camp GAudeo Emergency #: 513-310-6949 (youth minister) Date: June 24th – 28th 2019 Meeting Time: 8:30 a.m. – 5:00 p.m. (M-W, F), 8:30 a.m. – 8:30 p.m. (Th) Involved: Field Day Games, Trampolines, Inflatables, Roller Skating, Coney Island Trip with Swimming and Rides, Mass, Adoration, Confession, Small Group Activities and Formation, Transportation by Bus Event Leader: Bradley Barnes Telephone #: 513-310-6949 Cost: \$110 (Scholarships available)

Activity Locations:

- Guardian Angels (6531 Beechmont Avenue, Cincinnati, OH 45230)*
- Cherry Grove Lanes (980 Loveland Madeira Rd, Loveland, OH 45140)*
- Run Jump-N-Play (5897 Pfeiffer Road, Suite B, Blue Ash, OH 45242)*
- Coney Island (6201 Kellogg Avenue, Cincinnati, OH 45230)*
- Service Project Locations (varied, to be listed in camp parent packet)*