

~ Medical, Photo and Liability Release Form ~

ST. MAXIMILIAN KOLBE CATHOLIC CHURCH JUNE 1, 2019 THRU MAY 31, 2020

Please return this form to the Parish Office

(To be completed by Parent or Guardian – Please Print)

Student's Name _____ School _____ Grade _____ Birthdate ____/____/____

Only ONE Medical Release Form per child is required per year (June 2019 - May 2020.) This Medical Release Form will cover all activities of St. Maximilian Kolbe Catholic Church. When required, registration forms, permission slips, and payment for specific activities must also be turned in.

Specific forms for each event will be available on the website.

Please notify us if any information given below changes throughout the year. Thank you.

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)

1. I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in the activities 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, 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 to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. 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. I ☐ agree ☐ do not agree **(please select one)** that the Archbishop or his agents 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 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 Phone

Home Address _____ City/State _____ Zip _____ Cell/Work Phone _____

Parent /Guardian Email Address _____

Emergency Contact _____ Emergency Contact Phone _____

High School Student's _____ **High School Student's** _____
Cell Phone # _____ Email address _____

MEDICAL INFORMATION

To be completed by Parent or Guardian – Please Print

Student's Name _____ Chronic Conditions (e.g. Epilepsy, diabetes) _____

Allergies _____

Medications _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Home Phone _____ Work Phone _____

Place of Employment _____ Employer Address _____

Family Doctor _____ Phone _____

See next page for activity information.

ACTIVITY INFORMATION-Keep this page for your records!

Church Agency: St. Maximilian Kolbe Church Faith Formation

Starting Date: June 1, 2019 / **Ending Date:** May 31, 2020

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: Holly Saddler, 513-777-4322 Ext 103, hsaddler@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: Mary Ella Wielgos, 513-777-4322 Ext 109, mwielgos@saint-max.org

Program or Group Early Childhood Religious Formation of Youth (RFY)

Usual day and time: Sunday mornings during 8:00 am & 10:00 am Masses
Routine Activities: Religious Formation Classes
Group Leader: Mary Lou Baker, 513-777-4322 Ext 120, mbaker@saint-max.org

Program or Group High School Youth – Youth Nights, Wacky Wednesday, Evangelization Training

Usual day and time: Wacky Wednesdays: 7:00 pm – 9:00 pm; June 12th through August 7th
Usual day and time: Youth Nights: Sunday evenings during the school year 7:00 - 9:00 pm, with exceptions as announced
Usual day and time: Evangelization Training: As scheduled and posted on application
Routine Activities: Comprehensive Youth Ministry
Group Leader: Rebecca Feldkamp, 513-777-4322 Ext 118, rfeldkamp@saint-max.org

Program or Group Jr High Youth Group Events - JrHigh1x1, Terrific Tuesdays, Summer Service Camp

Usual day and time: Terrific Tuesdays: Tuesdays 7:00 pm – 9:00 pm, during the summer, June 11-July 9
Usual day and time: Jr. High 1x1: Monthly on Saturday afternoon/evenings & as announced, some offsite events
Usual day and time: Summer Service Camp: 1 week during the summer as announced, 8:00 am – 12:00 pm
Routine Activities: Comprehensive Youth Ministry for Grades 6, 7, & 8
Group Leader: Rebecca Feldkamp, 513-777-4322, Ext. 118, rfeldkamp@saint-max.org

Program or Group Mighty Max

Usual day and time: Monday - Thursday as scheduled
Routine Activities: Early Childhood Ministry
Group Leader: Charlotte Flanagan, 513-777-4322 Ext 129, cflanagan@saint-max.org

Program or Group Religious Formation of Youth (RFY), Grades 1-8

Usual day and time: Sunday and Monday evenings as scheduled
Routine Activities: Religious Formation Classes
Group Leaders: Mary Lou Baker, 513-777-4322 Ext 120, mbaker@saint-max.org

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: Evenings as scheduled
Routine Activities: Formation Sessions and Retreats
Group Leader: Robin Burbrink, 513-777-4322 Ext 124, rburbrink@saint-max.org
Other Information: Retreat at Jesuit Spiritual Center in Milford as detailed on separate permission slip

Program or Group Teen Ensemble

Usual day and time: Wednesday evenings 6:30 pm – 7:30 pm and Sundays as announced (once a month)
Routine Activities: Monthly rehearsals and singing at Mass as announced
Group Leader: Mary Ella Wielgos, 513-777-4322 Ext. 109, mwielgos@saint-max.org

Program or Group VBS

Usual day and time: June 24-28, mornings as scheduled
Routine Activities: Comprehensive Children's and Youth Ministry
Group Leader: Charlotte Flanagan, 513-777-4322 Ext 129, cflanagan@saint-max.org

Note - Additional information may be found at the parish web site. This may include schedules, lists of specific activities, parent handbook, etc. to further inform parents(s) or guardian(s).