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

1. I, the undersigned will participate in the activity described on the *Activity Information* form (the "Activity"), and I hereby 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 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 me 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, any claims, lawsuits or actions against the Archdiocese, the Archbishop, the parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my participation in the Activity is purely voluntary and is a privilege and not a right. I elect to participate in the Activity in spite of the risks.

3. I agree 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 my best interest.

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 for promotional purposes, website and office functions and use social media and technology to communicate to me 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 and my own personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature_____ Date ____/____/____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

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

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

Medical Information —Please Print

Name _____ Birth date _____/ _____/ _____

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. # *_____

Family Doctor _____ Phone _____

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

ACTIVITY INFORMATION FORM
Completed by Organizer - Please Print

Organizer _____ Activity _____

Location _____ Emergency No. _____ Cost _____

Starting Date and Time _____ Meeting Place _____

Ending Date and Time _____ Meeting Place _____

Activities Involved _____

Type of Transportation (if any) _____

Group Leader _____ Telephone No. _____

Other Information _____

_____ Check here if any additional information is attached.