

**BLESSING AND SEND OFF EVENT NCYC 2009 ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

1. I, the undersigned, do hereby 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 agents, representatives, volunteers, and employees from any and all liability, claims, judgments and expenses, including attorney fees, arising out of any injury, sickness, death or property damage of any kind which may be incurred by the undersigned and/or participant (if participant is under 18) while participating in or traveling to or from NCYC 2009 in Kansas City, MO November 19-22, 2009. (described further on the reverse side).
2. I agree (or if participant is under 18, agree to instruct my child) to cooperate with the Archbishop or his agents in charge of this activity. Should it be necessary for me or my child to return home, whether through disciplinary, medical or other reasons as deemed at the sole discretion of the representatives of the Archdiocese, I agree to assume any and all related transportation expenses.
- 3a. I appoint the Archbishop or his agents 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:
 - (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 representative shall deem necessary or appropriate for my best interest, or that of my child.
 - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact the listed emergency contact as soon as possible in the event of a medical emergency.
- 3b. This power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency (or that of my child), but shall lapse automatically upon completion of NCYC and related travel. The release and indemnification shall survive the completion of all activities.
4. I agree that the Archbishop or his agents, including local parishes, may use my (or my child's) photograph for promotional purposes, website and office functions, and hereby release the Archbishop and his agents from any liability resulting from such use.
5. I agree that the Archbishop or his agents are not and shall not be responsible for assuring that I or my child take any medications, prescription or otherwise, which are indicated on the bottom of this form.

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

Participant Name: _____ **Parish/School:** _____ **Gender: M** ___ **F** ___
Age: ___ **Address** _____ **City/State/Zip** _____

If participant is 18 years of age or older:

Signature of participant _____ Date: _____

***If participant is under 18 years of age:**

Signature of Parent or Legal Guardian: _____ Date: _____

Name: _____ Phone: (day) () () (eve) () ()

Emergency Contact _____ Phone: (day) _____ (eve) _____

Medical Information — Please Print Clearly

Medical Insurance Co. _____ Policy No. _____

Member Name _____ Phone: day: () () () eve: () () ()

Child's Social Security #: * _____ Member's Soc. Sec. # * _____

Family Physician: _____ Phone #: () () ()

Allergies (especially foods): _____

Special Dietary Concerns: _____

Current Medications: _____

Chronic conditions (i.e., epilepsy, diabetes): _____

- Social Security numbers are optional. Please note that some hospitals WILL NOT treat without it.

Parent/Guardian signature also required on Page 2

ACTIVITY INFORMATION
Completed by Church Agency - Please Print

One-Time Activity

Church Agency Arch of Cincinnati Office of Youth and Young Adult Ministry Activity NCYC Blessing of Pilgrims and Send Off Event

Location Carroll High School, Dayton, OH

Emergency No. 937.416.3835 (Andrea Parker mobile phone)

Cost: Free

Starting Date and Time Wed., November 18 2009, time 7:30pm Ending Date and Time: Wed., Nov 19, 2009, time 12:00am

Type of Transportation from Cincinnati/Dayton: On Your Own

Activities Involved Prayer, Ice breakers, Community Building activities

Group Leader Andrea Parker, Associate Director Telephone No. 937.223.1001 (office); 937.416-3835 (mobile)

Other Information _____

Parent/Guardian Signature: _____