

LAUDATE 2010 - ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

(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 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 officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation 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 my attorney shall deem necessary or appropriate for the best interest of my 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 and office functions.
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.

Signature of Parent or Guardian _____ Date _____

Address _____ City _____ Zip _____

Place of Employment _____

Address _____ City _____ Zip _____

Phone: (w) _____ (h) _____ Child's Social Security # * _____

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

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date _____

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy No. _____

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

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

Family Doctor _____ Phone _____

* Social Security numbers are optional, but please note that some hospitals WILL NOT treat without it.

(See next page for activity information)

ACTIVITY INFORMATION

Parent/Guardian Information – LAUDATE, June 14-17, 2010

Church Agencies: Worship Office and Office of Youth and Young Adult Ministry of the Archdiocese of Cincinnati.

Activity: Laudate: a 4 day, 3 night experience for young people in grades 8-12 to help form their skills, knowledge and interest in music ministry with Catholic parishes or schools.

Location: Bergamo Retreat Center, 4400 Shakertown Rd. Dayton, Ohio 45430.

Emergency Phone Bergamo 937-426-2363

Leader Cell Phones Karen: 513-543-5712 Bob: 513-470-5241 Brian: 513-236-7645 Jeremy: 513-252-4443

Cost: If registration is received by April 30th :\$325/person, or
\$310/person in parish/school groups of 3 or more.

Registrations received after April 30th : \$350/person, or
\$330/person in parish/school groups of 3 or more.

Registration due date: Friday, May 14, 2010 or 75 youth, whichever comes first

Starting Date and Time Monday, June 14, 2010 – 6:00-6:30 p.m. Meeting Place Bergamo Retreat Center

Ending Date and Time Thursday, June 17, 2010 – 6:00 p.m. * Pickup Place Queen of Apostles Church

Activities Involved: Musical leadership development training and activities, singing and musical instrument practice, a dance social, some outdoor social activities

Type of Transportation (if any) Provided by participants

Group Leaders: Karen Kane, Director of the Worship Office, Arch of Cincinnati
Bob Wurzelbacher, Office of Youth and Young Adult Ministry
Brian Bisig, Music Minister St. Michael Parish, Sharonville, OH
Jeremy Helmes, Campus Minister, University of Dayton

Phone: 513-421-3131
Phone: 513-421-3131
Phone: 513-563-6377 x301
Phone: 937 229-3973

***But, all are welcome to the closing vespers prayer service at 5:00 pm at Queen of Apostles Church
(4400 Shakertown Rd., Dayton 45430)**