**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARISH**

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT**

I wish to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ activity described further on the *Activity Information* form (the “Activity”) sponsored by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish (the “Parish”). In exchange for and in consideration of the opportunity to participate in the Activity, I agree to the following:

1. I understand what is involved in the Activity and acknowledge that I have had the opportunity to ask questions regarding the scope and nature of the Activity. I recognize, as with any activity, the possibility and risk of injury associated with my participation in the Activity and that such injury can include, but is not limited to, serious bodily injury, permanent disability, paralysis, and death. I understand that such injuries can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, my own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure.

2. I further understand that my participation in the Activity is purely voluntary and is a privilege and not a right, and I agree to participate in the Activity in spite of the risks. I agree to assume all risks in connection with my participation in the Activity.

3. I agree to cooperate with those persons in charge of the activity.

4. To the fullest extent allowed by law, I, on behalf of myself, my spouse (if any), my minor children (if any), as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the Parish, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my participation in the Activity, whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

5. I understand that it is my responsibility to carry appropriate medical insurance and that such is not the responsibility of any other person or party, including, without limitation, the Parish or the Diocese of Cleveland.

6. In the event reasonable attempts to contact my emergency contact at the number listed below have been unsuccessful, I hereby authorize any of the staff, employees, volunteers, agents and/or representatives of the Parish to provide for, seek, and authorize medical treatment for me in the case of illness or accident from the closest and most appropriate licensed medical practitioner or hospital available. I understand that this authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery.

8. I [ ] consent and grant permission [ ] do not consent and grant permission for the Parish and/or its agents to record (in writing or otherwise), photograph, audio record, and video record my name, image, likeness, spoken words, in any form (the “Recordings”), and to display, release, exhibit, publish, or distribute the Recordings, or any part thereof, for the purpose of and in connection with any material that may be created by or on behalf of the Parish including, without limitation, through the Parish’s bulletin boards, social media, website, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation, and I agree that the Recordings shall constitute the sole property of the Parish. I further agree to release the Parish, the Catholic Diocese of Cleveland, and the Bishop of the Diocese of Cleveland, and their respective officers, directors, agents, employees and/or attorneys from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented

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 Authorization to Seek Medical Treatment 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 / /

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City Zip

Phone No. (cell): ; (other Phone No.):

Emergency Contact Phone No. (cell): ; (other Phone No.):

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Medical Information -- Please Print**

Name Birth date / /

Allergies

Medications

Chronic Conditions (e.g. epilepsy, diabetes)

Medical Insurance Co. Policy No.

Member’s Name Phone No. (h) (w)

Member’s Birth date / /

Family Doctor Phone No.

(See *Activity Information* form below)

**ACTIVITY INFORMATION**

**Completed by Parish - Please Print**

(As a convenience, a duplicate copy of this information may be attached so as to be retained; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. On-Going Program**

Parish Program or Group

Starting Date Ending Date Registration Fee

Usual Location Usual day and time

Routine Activities

Group Leader Telephone No.

Other Information

\_\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

**B. One-Time Activity**

Parish 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. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

Signature Date \_\_/\_\_/\_\_\_\_\_\_