

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)**

1. I, the custodial parent/legal guardian of \_\_\_\_\_ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless \_\_\_\_\_ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I 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 of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. Please indicate. I  agree  do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. Please indicate. I  agree  do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date    /    /   

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

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

**MEDICAL INFORMATION FORM**

**Completed by Custodial Parent/Legal Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Custodial Parent/LegalGuardian Phone No. (cell): \_\_\_\_\_;(other Phone No.): \_\_\_\_\_

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

(See Activity Information Form below)

**ACTIVITY INFORMATION FORM**

**Completed by Parish/School -- Please Print**

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

**A. On-Going Program**

Parish/School \_\_\_\_\_ 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/School Lehman Catholic Activity DAMASCUS Retreat

Location Centerburg, OH Emergency No. 740-480-1288 Cost -

Starting Date and Time Nov 17 8:00 a.m. Meeting Place DAMASCUS Camp

Ending Date and Time Nov 19 3:00 p.m. Meeting Place " "

Activities Involved See Damascus Retreat Form

Type of Transportation (if any) Lehman Bus

Group Leader Josh Ater Telephone No. 937-498-1161

Other Information see attachments

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 of Custodial Parent/Legal Guardian \_\_\_\_\_ Date  / /

## Damascus Retreat – Dietary Needs Form

Please provide the information below and return with other permission forms by November 19<sup>th</sup>, if your child requires any special dietary needs, so we can share this information with the Damascus staff. Thank you!

Student Name(s)

Grade Level

Dietary Needs

Other Notes for Counselor



### Visitor Permission, Indemnification and Release, & Medical Power of Attorney

Please read and sign this document and return to your parish and school before you or your child attends a retreat at Damascus:

1. I, the visitor named below, or the **lawful parent or guardian of this named individual**, agree as a visitor with Catholic Youth Summer Camp and Damascus Catholic Mission Campus and hereby personally assume all risks in connection with my own or my child(ren)'s participation.
2. I am cognizant of the inherent dangers associated with participation in activities which may include but are not limited to: jet skiing, boating, swimming, archery tag, rock wall climbing, mountain biking, hiking, canoeing, ropes course, grounds initiatives, paintball, field games, zip lines, campfires, tool use. Additionally, I acknowledge that certain activities may be subcontracted to vendors located off property that will require transportation.
3. I release from all liability and indemnify Catholic Youth Summer Camp Inc and Damascus Catholic Mission Campus, as well as the Bishop/Diocese of Columbus as well as my local Parish/Bishop/Diocese and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, costs and expenses, including attorneys' fees, arising out of any injury or illness incurred while participating in or traveling to or from this 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 my behalf, any claims, lawsuits or actions against them.
4. I understand that participation is purely voluntary and is a privilege and not a right, and that I elect to participate in spite of risks.
5. I agree to cooperate with the event leadership.
6. I appoint the leadership of this event 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 event or related travel: (i) To administer medications as indicated on the completed Information Form. (ii) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for my best interest. (iii) I understand that the leadership of this event will make a reasonable attempt to contact my family as soon as possible in the event of a medical emergency.
7. This power of attorney shall lapse automatically upon completion of the event and related travel.
8. 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.
9. I am of lawful age and legally competent to sign this Permission, Indemnification and Release, and Medical Power of Attorney that shall be effective and binding upon me, and my personal representative or estate, assigns, heirs, and next of kin; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act and coalition. I have fully informed myself of the contents of this document by reading it before having signed it.

By signing below, I express my understanding and intent to enter into this Permission, Indemnification and Release, & Medical Power of Attorney willingly and voluntarily

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Participant Signature or Guardian Signature (must be signed by Guardian if participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Phone Number and Email

# Damascus Packing List

PLEASE BE SURE ALL ARTICLES ARE MARKED WITH YOUR NAME. Lost and Found items will be held for 1 week after retreat.

## Bedding

*A twin sized bed with mattress (bunks) will be provided. Cabins do have A/C and heat.*

- Pillow
- Sleeping bag or bed linens and blankets

## Clothing

*Make sure clothes are weather-appropriate. We spend a lot of time outside so check the forecast before you come!*

- Casual, comfortable, clothes (shorts, t-shirts, jeans etc.). *See modesty policy on reverse.*
- Appropriate sleepwear
- 1 lightweight rain jacket or poncho
- For colder weather: Winter coat, hat and gloves
- 2 pairs of shoes (that can get muddy and/or wet!)
  - o Closed-toed footwear is needed for high adventure activities (rock climbing, high ropes, etc).
  - o Flip-flops are discouraged because of impracticality and safety concerns.

## Personal Hygiene Items.

*There are showers and restrooms located in each cabin.*

- Soap, toothpaste, toothbrush, shampoo, conditioner, deodorant, etc.
- Bath towel and washcloth

## Miscellaneous Items:

- o Money for the Gift Shop and Snack Shack. Suggestion: \$25. *Note: Vending machines only take \$1 bills and quarters.*
- o Water bottle
- o A small notebook/journal and pen
- o Bible & Rosary
- o Camera (if desired). Disposable cameras are best.

**\*\*See reverse for important information on electronics, medications, food items, and modesty.\*\***