



Marci Peebles, Director
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Permission, Release, Medical Power
of Attorney, & Photo Release Form

Group Name: _____
Dates of Activity: _____

- 1. I, the undersigned, will participant in the activity OR I, the lawful parent or guardian of (the "child"), give permission for my child to participate in the activity. In both cases, I release from all liability and indemnify Franciscan Ministries, the Franciscan Sisters of the Poor, and their officers, agents, representatives, volunteers and employees, the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese (the "Archdiocese"), and their officers, 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 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 Franciscan Ministries, the Franciscans Sisters of the Poor, the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my/my Child's participation is purely voluntary and is a privilege and not a right, and that I/my Child, and I on behalf of my Child, elect to participate in spite of the risks.
3. I agree to cooperate/to instruct my child to cooperate with Franciscan Ministries or its agents in charge of the activity.
4. I appoint Franciscan Ministries or its 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/the best interest of the Child.
(ii) I understand that the agents of Franciscan Ministries 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 Franciscan Ministries or its agents may use my/my child's portrait or photograph for promotional purposes, website and office functions and use social media/technology to communicate to me/my child 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, 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.

for youth:

for adults:

Print YOUTH participant's Name

Print ADULT Participant's Name

Print Parent/Legal Guardian's Name

ADULT Participant's Signature

date

Parent or Legal Guardian's Signature

date

PLEASE PRINT NEATLY!**Personal Information**

_____	_____	____/____/____
Last Name	First Name	Date of Birth

_____	_____	_____	_____
Street	City	State	ZIP

()	()	()
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_____	_____	_____
Home Phone	Participant's Cell phone	Parent's Cell phone

_____@_____	_____
Participant's email address	"Class of _____" expected graduation year

_____@_____	_____
Parent's email address	Male _____ Female _____ please circle Participant's Gender

_____	_____
Ethnicity (Optional)	Religious Preference (Optional)

Emergency Contact Information

()	_____	_____
Legal Guardian, Parent's or Next of Kin's Emergency Phone Number	Name	Relationship to Participant

()	_____	_____
Other emergency contact's phone number	Name	Relationship to Participant

Medical Information

_____	()
Physician's Name	Physician's Phone Number

Chronic or Recurring Illnesses:

Medication(s) & Dosage(s):

Allergies to food, drugs or environment:

Other information beneficial in case of emergency:

Health Insurance:

Please copy of both sides of the participant's insurance card below or attach copy to this form.
This ensures quicker processing in case of a medical emergency.



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COVID-19 – Waiver of Liability,
 Assumption of Risk and Indemnity

Group Name: _____
Dates of Activity: _____

We ask that Tau House group leaders inform all individuals who will be participants in your event to follow COVID-19 precautions that include, but are not limited to:

- Vaccination against the virus is strongly recommended, although not required to participate in our program;
- Face masks are recommended but not required for guests on the premises;
- Face masks are still required by many of our partner agencies and must be wore to volunteer sites;
- Masks should cover mouth, nose and chin, (excluding those unable to do so because of a medical condition);
- Self-monitoring for fever and other signs/symptoms of illness;
- Not attending the event: if feeling unwell, awaiting a COVID-19 test result, had close contact with an infected individual, or had close contact with an individual who is suspected of being infected; and

While these precautions are wise, Franciscan Ministries’ Tau House cannot prevent you or your fellow participants from becoming exposed to, contracting, or spreading COVID-19 while participating in the Tau House program. Despite safety measures, it is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in the Tau House program you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself. I will take responsibility to be in compliance with state orders and requirements and Tau House precautions while participating in the Tau House program.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Franciscan Ministries’ Tau House and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in the Tau House program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Ohio will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

for youth:

for adults:

 Print YOUTH participant’s Name

 Print ADULT Participant’s Name

 Print Parent/Legal Guardian’s Name

 ADULT Participant’s Signature

 date

 Parent or Legal Guardian’s Signature

 date