



PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT

Event and Event Dates: **DUC IN ALTUM - Grade 8- SEPTEMBER 2026 - MAY 2027**

Location(s) and Transportation: **St. Bartholomew Parish Grounds & Damascus Confirmation Retreat**

Activities Involved (specify nature of activities): **Youth Ministry Type Games involving sports and other physical activities that can cause injury.**

Contact person **Austin Ritts**

Email: **austincritts@gmail.com**

I, the parent or lawful guardian of _____ (the “child”), give permission for my child to participate in the Event, including without limitation the activities and transportation described above, (the “Event”) sponsored by **St. Bartholomew Parish & Holy Family Parish** (the “Parish”). In exchange for and in consideration of the opportunity for my child to participate in the Event, I agree to the following:

1. **Event Scope.** I understand what is involved in the Event and acknowledge that I have had the opportunity to ask questions regarding the scope and nature of the Event. I further understand that my Child’s participation in the Event is purely voluntary and is a privilege.
2. **Risks of Participation and Assumption of Risk; COVID-19.** I recognize the possibility and risk of injury associated with my child’s participation in the Event, which may include, but is not limited to, bodily injury up to and including death, psychological injury, and further injury by medical treatment. I further recognize the possibility and risk of such injuries resulting from exposure to or infection by COVID-19 or other communicable diseases in connection with my child’s participation in the Event and that such exposure or infection may result in my or other family members’ exposure to or infection of COVID-19 or other communicable diseases. I understand that the types of injuries listed above can occur for any number of reasons which are both foreseeable and unforeseeable and which may include, but are not limited to, my child’s own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure. I, on behalf of my Child and myself, agree to my Child’s participation in the Event in spite of the risks. I and my spouse assume, for ourselves and on behalf of our minor child(ren), all risks in connection with my child’s participation in the Event.
3. **Rules.** I understand and agree that my child will be required to follow the Parish’s rules and cooperate with the person(s) in charge of the Event. I and my minor child agree to follow and comply with all safety protocols and procedures related to COVID-19 or other communicable diseases.
4. **Release and Hold Harmless.** To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, 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, and hold harmless the Parish, Diocese, affiliated parishes, and the Bishop / Administrator of the Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers (“Released Parties”) forever from and against any and all claims, lawsuits, damages, judgments, expenses including attorney’s fees, liabilities (of any nature or extent), demands, damages, cause of action of any nature and kind, known or unknown, which in any way arise out of or relate to my child’s participation in the Event (including without limitation any injury, loss,

or damage to my child's person or property or medical care provided in connection therewith), whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person) (the "Claims").

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

6. **Medical Authorization.** In the event reasonable attempts to contact me 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 my child 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.

7. **Miscellaneous.** To the fullest extent allowed by applicable law, the Agreement shall be binding upon and inure to the benefit of the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns. I, on my behalf and on behalf of my minor child, have the authority to release the Claims. This Agreement constitutes the entire agreement between the parties and supersedes any and all prior oral or written agreements or understandings between the parties concerning the subject matters of this Agreement. This Agreement may not be altered, amended or modified, except by a written document signed by both parties. The Released Parties, to the extent they are not parties to this agreement, are intended to be third party beneficiaries. 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 I have signed this agreement of my own free will.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date __/__/_____

Home Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____ (Phone No.): _____

Name of Emergency Contact: _____ (Phone No.): _____

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. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date __/__/_____

Family Doctor _____ Phone No. _____

Rev. 6/1/26