

**St. John the Evangelist Church**  
**Office of Youth & Young Adult Ministry**  
**18 & Older Youth Medical Emergency, Release, and Medical Power of Attorney Form**  
Matthew 25 Ministries

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This Medical Emergency, Release, and Medical Power of Attorney Form will cover all onsite and offsite activities of St. John the Evangelist Church, including Youth & Young Adult Ministry, and including transportation, from the date signed through Aug. 30, 2017. A separate registration form for each offsite activity may also be required.

**Please notify us if any information given below changes throughout the year. Thank you.**

**ARCHDIOCESE OF CINCINNATI**  
**RELEASE AND INDEMNIFICATION AND MEDICAL POWER OF ATTORNEY**

- I, the undersigned will participate in the activity described on the *Activity Information* form 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 and schools within the Archdiocese (the “Archdiocese”), agents, representatives, volunteers, and employees of the Archdiocese, from any and all liability, claims, judgments, cost and expenses, including attorneys’ fees, arising out of any injury or illness incurred by me 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, any claims, lawsuits or actions against the Archbishop, and the officers, agents, representatives, volunteers and employees of the Archdiocese,.
- I further understand that my participation is purely voluntary and is a privilege and not a right. I elect to participate in spite of the risks.
- I agree to cooperate with the Archbishop or his agents in charge of the activity.
- 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:
  - 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.
- I agree that the Archbishop or his agents may use my/my child’s portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to me/my child regarding ministry related activities. (Facebook, texting, etc.)
- 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 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. (If the person 18 or older is in high school, both signatures are required below.)

_____	_____	_____/_____/____
Signature (of person age 18 & above)	Print Name	Date
_____	_____	_____/_____/____
Parental Signature	Print Parent Name	Date

School if Above is in High School & Age 18 \_\_\_\_\_ Grade \_\_\_\_\_

Insurer’s Name \_\_\_\_\_ Relationship to Above \_\_\_\_\_ Insurer’s Employment \_\_\_\_\_

Insurer’s Work Phone \_\_\_\_\_ Insurer’s Cell \_\_\_\_\_ Insurer’s Email \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medications \_\_\_\_\_  
Allergies/Disorders/  
Chronic conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Other Doctor # \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please return form to St. John Church Youth & Young Adult Ministry, 9080 Cincinnati-Dayton Rd, West Chester, OH 45069**  
**This form is due Wednesday, July 10**

**ACTIVITY INFORMATION****Completed by Church Agency - 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; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**B. One-Time Activity**Church Agency St. John Youth Ministry Activity ServiceLocation Matthew 25 Ministries Address: 11060 Kenwood Rd, Blue Ash, OH 45242 Cost N/AStarting Date and Time 7/13/19 at 9:00 a.m. Meeting Place Matthew 25 MinistriesEnding Date and Time 7/13/19 at 11:00 a.m. Meeting Place Matthew 25 MinistriesActivities Involved Lifting and packing itemsGroup Leader Josh Plandowski Telephone No. 937-405-9970 Email jplandowski@stjohnwc.org