

St. Anselm PARISH

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT

I wish to participate in the Mother/Son Hayride activity described further on the *Activity Information* form (the "Activity") sponsored by St. Anselm Parent Club 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,

Please
check one

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): _____

Complete
all lines

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 _____

Complete
all lines

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 St. Anselm Activity Parent Club Mother/Son Hayride
Location Eddy Fruit Farm 12079 Caves Rd. Emergency No. 911 Cost \$10/person; max \$30/family
Starting Date and Time 10/19/2023 6pm Meeting Place Eddy's Fruit Farm Barn
Ending Date and Time 10/19/2023 8pm Meeting Place Eddy's Fruit Farm Barn
Activities Involved Hayrides, Pumpkin Painting, Lawn Games, Eating
Type of Transportation (if any) Hayrides on-site provided by Eddy Fruit Farm
Group Leader Lindsay Svarovsky Telephone No. 440-655-7577
Other Information N/A

_____ 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).

Sign and date,
please!

Signature _____ Date / /