

## PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "Child"), give permission for my Child to participate in the activity described on the Activity Information form and release from all liability and indemnify Pregnancy Center East and its 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 Pregnancy Center East and its officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child and I (on behalf of my Child) elect to participate in spite of the risks.
3. I agree to instruct my Child to cooperate with Pregnancy Center East or its agents in charge of this activity.
4. I appoint Pregnancy Center East 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 physician, 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 the best interest of the Child. (ii) I understand that the agents of Pregnancy Center East 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. 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.
7. I hereby grant to Pregnancy Center East my consent without reservation to use, assign, convey, reproduce, copyright, or publish my name, voice, image, and/or likeness that arises from my participation in the Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Pregnancy Center East's sole discretion.
8. I acknowledge that the contagious nature of COVID-19 and that the Centers for Disease Control and Prevention (CDC) and many other public health authorities recommend practicing social distancing, wearing masks, and other preventive measures to help prevent people from getting and spreading COVID-19.
9. I further acknowledge that regardless of the preventative measures and precautions Pregnancy Center East has put in place to reduce the spread of the COVID-19, the Center cannot guarantee that I will not be exposed to or infected with COVID-19

10. I understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including but not limited to, staff, other participants, and other guests/visitors.

11. I acknowledge that I must comply with all rules and procedures at the retreat to reduce the spread of COVID-19 while attending the retreat.

12. Upon my arrival at the retreat, I will be required to attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.
- I have not been diagnosed with COVID-19 and not yet cleared as noncontagious by state or local public health authorities.
- I am following all CDC guidelines as much as possible and limiting my exposure to COVID-19.

If I am unable to make any one or more of the above attestations, I understand that I may be prohibited from attending the retreat.

I have carefully read, 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.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Place of Work: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (C): (\_\_\_\_) \_\_\_\_\_  
(H) (\_\_\_\_) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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. \_\_\_\_\_

Primary Insured's Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Primary Insured's Birth date / /

Family Doctor \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

PICK-UP/DROP-OFF INFORMATION Completed by Parent or Guardian — Please Print

Child's Name \_\_\_\_\_

Drop-Off Instructions

Pick-Up Instructions

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ACTIVITY INFORMATION

Completed by Pregnancy Center East

One-Time Activity

Agency: Pregnancy Center East

Program: CREATED: A Theology of the Body Teen Retreat

Cost: Free

Starting Date: August 3, 2022

Ending Date: August 5, 2022

Usual Location: Jesuit Spiritual Center at Milford, Schott Pavilion

Usual Day and Time: Daily, 9:00 am – 3:00 pm

Routine Activities: Games, Prayer, Worship, Small Groups, Skits, Talks

Group Leader: Geneva Ulmer, Elizabeth McKinney

Emergency Phone: (765) 914-5148

Other Information:  Check here if any additional information is attached.

(NOTE: any additional activity information – duplicate of this form, schedule, list of specific activities, etc. – may be attached to be kept by parent or guardian.)

PLEASE COMPLETE AND RETURN THIS FORM PRIOR TO THE FIRST DAY.

By hand or by mail: Pregnancy Center East • 4760 Madison Rd • Cincinnati, OH 45227

Questions? Call Elizabeth (513) 493-4546