

Come to the Youth Ministry LOCK-IN!

One-Time Activity

Church Agency Queen of Peace Youth Ministry Activity Lock-In at The Web

Location: The Web 7172 Cincinnati-Dayton Rd. West Chester, Ohio 45069 Emergency No. 513-594-1168 Cost \$25

Starting Date and Time Friday 9/16/2011 11:00pm Meeting Place Youth Center

Ending Date and Time Saturday 9/17/2011 7:45am Meeting Place Queen of Peace Parking Lot

Activities Involved Eating pizza, unlimited games, prayer time, etc.

Type of Transportation (if any) Volunteer and parent driven vehicles. Drivers are needed!

Group Leader Randi Hom Telephone No. 513-594-1168 or 513-863-3428

Other Information Please RSVP by Sept. 15th. Please turn in permission slip and money to Randi Hom at the Outing. No outside food or drink may be brought into The Web. Cell phones, energy drinks, etc. are not permitted.

ADDITIONAL INFORMATION IS NEEDED!!!! Please fill out Youth Ministry registration forms so we have your medical information and behavior agreement on file. We must have it on file for you to attend. Forms can be found in the back of church and/or at our website at <http://queenofpeaceym.shutterfly.com/>.

ARCHDIOCESE OF CINCINNATI 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 the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.
2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
- 3a. 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:
 - (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 the best interest of the child.
 - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
- 3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.
4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Legal Guardian _____ Date ____/____/____