

2024-2025 PREP Release Form

Each child must have a separate release form on file.

Location: Queen of Peace Catholic Church, 2550 Millville Ave., Hamilton, OH 45013

Date and time of Activity: Sundays, Sept 8, 2024 – April 27, 2025; 9:15-10:45am

Activity Description: Religious Education (K-8th grade) at QP School

Registration Fee: \$75 for 1 child, \$125 for 2 children, \$150 for 3 or more children.

PREP Coordinator: Cheryl Hunt; **Phone:** (513)869-9990, **Email:** CatholicLife@qphamilton.org

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev 7-9-20)

1. I, the custodial parent/legal guardian of _____ (the "Child"), give permission for my Child to participate in the activity described on the Activity Information Form (the "Activity") and release from all liability, indemnify, and hold harmless Queen of Peace Parish and School, the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

6. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ **Date** ____/____/____

2024-2025 PREP Information Card

*****Each child must have a separate card on file.*****

Child's First Name _____ Child's Last Name _____

Birth Date _____ Grade for 2024-2025 _____

Please indicate the Sacraments your child has received, along with the parish they received them at:

Sacrament	Church Child Received Sacrament	City/State of Church
Baptism		
1 st Reconciliation		
1 st Communion		
Confirmation		

******NEW STUDENTS NOT BAPTISED AT QUEEN OF PEACE/ST. ALOYSIUS******

A COPY OF STUDENT'S BAPTISMAL RECORD IS REQUIRED BY FIRST DAY OF CLASS UNLESS CHILD WAS BAPTIZED AT QUEEN OF PEACE/ST. ALOYSIUS.

Does your child have a handicap or learning disability or special need? Yes No
Please explain:

Please only fill out this information if student is coming to Sunday PREP classes.

Allergies _____

Medications _____

Chronic Conditions (i.e. epilepsy, diabetes) _____

Medical Insurance Co: _____ Policy # _____

Member's Name _____ Phone # _____

Family Doctor _____ Phone # _____

Photo Release Permission Slip

As a parent or guardian of _____, I hereby consent to the use of photographs/videotape taken during the course of the PREP school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for the QP PREP program to photograph my child for school/parish purposes and /or at school events.

____ No, I do not authorize QP PREP to photograph my child for any event.

Parent Signature: _____ Date: _____