

ST. JOSEPH HOME MINOR PERMISSION, RELEASE, AND MEDICAL POWER OF ATTORNEY

As the parent or guardian of _____(the child), I give permission for my child to participate in the activity described below and release from all liability and indemnify St. Joseph Home, both individually and as trustee for St. Joseph Home's officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, costs or expenses, attorney 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 St. Joseph Home and its officers, agents, representatives, volunteers and employees.

I agree to instruct my child to cooperate with St. Joseph Home or its agents in charge of the activity. I give St. Joseph Home permission for emergency medical treatment to be administered to my child should it be required or its agents who are acting as leaders of the activity

I agree that St. Joseph Home and its agents may use my child's portrait or photograph for promotional purposes, website and office functions.

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 forces 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, 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.

_____ Date ____/____/____
Parent/Guardian Signature

Home Address _____
City _____ State _____ Zip _____

Parent or Guardian Phone No. (h) _____ (w) _____ (c) _____

Emergency Contact _____ Phone No. (h/c) _____

ALSO Signature of Participant (if 18 or over) _____ Date ____/____/____

Child's Name _____ Date of Birth ____/____/____

Activity, event and or program participating in: _____