

Our Lady of Divine Providence Youth Ministry

St. Vivian, St. Bartholomew, St. Clare, Assumption, St. Bernard, Mother of Christ

Pray the Steps at Holy Immaculata Church

Experience the beauty of our faith. Inspire your heart for Easter!

When: March 28th, Holy Thursday, after the 7:00pm Mass. Until 11:30pm.

- 7:00pm Masses for Holy Thursday are at St. Bart, St. Bernard, and St. Clare.

Who: All Junior High (7th & 8th grade) & High School students

Where: Meet at St. Vivian after Mass by 8:30pm, head down to Holy Cross-Immaculata Church and then meet back at St. Vivian's Ursuline Hall for food and festivities.

Details:

Drive to Holy Cross-Immaculata Church in Mt. Adams. ****All youths will be driven by adults.****

Pray the Rosary while walking up the Holy Cross-Immaculata steps and then have time for reflection and Adoration of the Blessed Sacrament inside the Holy Cross-Immaculata Church.

Drive back to St. Vivian's. **Eat pancakes in Ursuline Hall.** Ends at 11:30pm. Parents pick youth up at Ursuline Hall, St. Vivian's campus.

RSVP: Please RSVP by March 26th to make sure we have enough drivers and food! Turn in the permission slip at School or at Youth Ministry or email Randi Hom at Randi.Hom@stvivian.org

***If parents or other adults are interested in driving down to Holy Cross Immaculata Church or helping make food at St. Vivian's for the returning youth, please contact Randi Hom at 513-594-1168 or Randi.Hom@stvivian.org.**

**** Permission slip needed to attend. ****

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

- 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 **Our Lady of Divine Providence Family of Parishes** ("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.
- 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.
- I agree to instruct my Child to cooperate with the agents of Parish, School, and/or the Archdiocese who are in charge of the Activity.
- 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.
- Please indicate. I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.**
- Please indicate. I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.**
- 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.
- 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 __/__/_____

Print Name: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Name (not a parent): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

MEDICAL INFORMATION FORM

Completed by Custodial Parent/Legal Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: _____ Phone No.: _____

ACTIVITY INFORMATION FORM

One-Time Activity

Activity Confirmation Retreat for Our Lady of Divine Providence Family of Parishes

Location Holy Cross-Immaculata Church, 30 Guido St, Cincinnati, OH 45202 and St. Vivian Church and Ursuline Hall, 868 Finney Trail, Cincinnati, OH 45224

Cost \$0.00

Starting Date and Time Thursday, March 28, 2024 8:30 pm Meeting Place St. Vivian Church – Front Parking Lot

Ending Date and Time Thursday, March 28, 2024 11:30 pm Meeting Place St. Vivian Church – Ursuline Hall

Activities Involved Praying the steps at Holy Cross-Immaculata Church, adoration, pancakes at St. Vivian

Group Leader Mrs. Randi Hom Emergency Telephone No. 513-594-1168

Signature of Custodial Parent/Legal Guardian _____ Date _____

