



Dear Parents:

Send your kids on a roaring adventure!

At Roar VBS, kids discover that even though life gets wild, *God is good*. Roar is filled with incredible Bible-learning experiences kids see, hear, touch, and even taste!

Sciency-Fun Gizmos™, team-building games, cool Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life. (Since everything is hands-on, kids might get a little messy. Be sure to send them in play clothes and safe shoes.) Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings®. Get ready to hear that phrase a lot!

Your kids will also participate in a hands-on mission project, through a program called Operation Kid-to-Kid™, that will provide nutrition and good health opportunities to moms and babies in Zambia, Africa.

Mark these dates on your calendar:

Sunday June 23- Thursday June 27

From 6:00pm-8:30pm

Fill out the attached form to register your children for this life-changing adventure!

Children entering K-5 for Fall 2019 are invited to attend!

Sincerely,

Your Roar VBS Director

Sacred Heart of Jesus Vacation Bible School
2019 Emergency Medical Release Form

This release form will apply to all VBS activities on Sacred Heart of Jesus parish grounds from June 23-27

Medical Insurance Co. _____ Policy Number: _____

Home address: _____

Home phone: _____ Cell Phone: _____

Father's Name: _____ Mother's Name: _____

Father's Emergency Number: _____ Mother's Emergency Number:

Family Doctor: _____ Office Phone:

Family Dentist: _____ Office Phone:

Emergency Contact Person: _____ Relationship:

Home Phone: _____ Cell Phone: _____

1st Child's Last Name: _____ **First Name:** _____

Allergies: _____

Medications: _____ Chronic Conditions (i.e. diabetes): _____

Birthdate: _____ **Grade entering Fall 2019:** _____

2nd Child's Last Name: _____ **First Name:** _____

Allergies: _____

Medications: _____ Chronic Conditions (i.e. diabetes): _____

Birthdate: _____ **Grade entering Fall 2019:** _____

3rd Child's Last Name: _____ **First Name:** _____

Allergies: _____

Medications: _____ Chronic Conditions (i.e. diabetes): _____

Birthdate: _____ **Grade entering Fall 2019:** _____

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Archdiocese of Cincinnati
Permission, Release, and Medical Power of Attorney

I, the lawful parent or guardian of _____ (the child/ren), give permission for my child to participate in the activity described on the reverse and release all liability and indemnify the Archbishop of Cincinnati, both individually and as a 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, judgements, 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 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 the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.

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.

I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

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.

To give any and all consents and authorizations to any physicians, dentists, hospitals, 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 my child.

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.

This power of attorney shall lapse automatically upon completion of the activity and related travel.

I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website, and office functions.

I understand that photos of my child may be taken at events. I consent that photographs may be posted and/or published (i.e. Facebook, Twitter, Parish website, bulletin, etc.). Photographs will not be tagged with names unless further written consent is given.

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 constructed 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.

Signature of Parent or Guardian: _____

Date: _____