

Quo Vadis Retreat

Archdiocese of Boston – Vocation Office

Parental/Guardian Permission Form

RELEASE, INDEMNIFICATION AGREEMENT AND MEDICAL POWER OF ATTORNEY

I, the lawful parent or guardian of _____ ("my child") irrevocably release from all liability to the fullest extent under the law, and hereby agree to indemnify and hold harmless the Roman Catholic Archbishop of Boston, a Corporation Sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees of either the Archdiocese of Boston or any parish or youth ministry thereof and all parishes within the Archdiocese, including but not limited to the **Vocation Office (collectively, "RCAB")**, from any and all liability, actions, causes of action, claims, judgments, cost or expenses, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury or illness or other damages to person or property incurred by my child while participating in or traveling to or from **the Quo Vadis Retreat on June 23-26, 2022**.

I agree to instruct my child to cooperate with and follow the Instructions of RCAB and Its Agents, including but not limited to the **Vocation Office**, in charge of the activity. In the event my child does not cooperate with or follow the Instructions of RCAB or Its Agents, or violates the **Vocation Office Quo Vadis Code of Behavior (which I acknowledge that I have reviewed)**, I agree that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from the **Quo Vadis Retreat** event to my custody, if so requested by RCAB or any of its Agents.

I appoint RCAB or Its agents, including but not limited to the **Vocation Office**, who are acting as leaders of the activity as my attorney in fact to act for me in my name and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB or Its agents, be expected to act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity: To give any and all consents and authorizations to any physician, 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 in fact shall deem necessary or appropriate for the best interest of my child.

I understand that RCAB and Its Agents will make a reasonable attempt to contact me as soon as possible in the event of medical emergency involving my child.

The powers and authority granted herein may be revoked by written notice delivered in-hand to RCAB or Its agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence. This power of attorney shall lapse automatically upon completion of the activity and the return of my child to _____.

As evidenced by my signature below, RCAB and Its agents, including but not limited to the **Vocation Office**, may use my child's portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and hereby release RCAB and Its Agents from any liability resulting from such use.

I GIVE permission _____

I DO NOT give permission _____

If any change occurs in the information provided by the parent or guardian with respect to emergency contacts or medical information, the appropriate Agent will be provided with written notification of such change as soon as possible.

I understand and agree that RCAB and Its agents, including but not limited to the **Vocation Office**, are not and shall not be responsible for assuring that my child takes any medications, prescription or otherwise, which are indicated for my child.

I have carefully read this statement, and my signature acknowledges that I fully understand and agree to its content and meaning. I give my permission for my child to attend this event.

Signature of Parent or Guardian: _____

Signature of my child: _____

Date: _____

Home Telephone: _____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form _____

Email: _____

Name of my child: _____

Date of Birth of my child: _____

Complete Address: _____

City, State, Zip Code: _____

Parent or Guardian work phone: _____

#1 Emergency Contact (other than yourself): _____

Relationship: _____

Phone: _____

#2 Emergency Contact: _____

Relationship: _____

Phone: _____