

St. Hilary PARISH

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT

I wish to participate in the Safety Committee
Parent Volunteers activity described further on the *Activity Information* form (the "Activity") sponsored by St. Hilary Parish (the "Parish"). In exchange for and in consideration of the opportunity to participate in the Activity, I agree to the following:

1. I understand what is involved in the Activity and acknowledge that I have had the opportunity to ask questions regarding the scope and nature of the Activity. I recognize the possibility and risk of injury associated with my participation in the Activity and that such injury can include, but is not limited to, pain, suffering, serious bodily injury, psychological injury, temporary or permanent disability, temporary or permanent paralysis, illness, disfigurement, further injury by medical treatment, and/or death. I understand that such injuries can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, my own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure.

2. I further understand that my participation in the Activity is purely voluntary and is a privilege and not a right, and I agree to participate in the Activity in spite of the risks. I agree to assume all risks in connection with my participation in the Activity.

3. I agree to cooperate with the person(s) in charge of the activity. In the event I do not cooperate with the person(s) in charge of the activity, which shall be determined at the sole discretion of the person(s) in charge of the activity, I agree to cease participating in the activity and will immediately leave the premises.

4. To the fullest extent allowed by law, I, on behalf of myself, my spouse (if any), my minor children (if any), as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the Parish, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers (the "Released Parties") forever from and against any and all claims, lawsuits, damages, judgments, expenses including attorney's fees, liabilities (of any nature or extent), demands, damages, cause of action of any nature and kind, known or unknown, which in any way arise out of or relate to my participation in the Activity (including without limitation any injury, loss, or damage to my person or property), whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person) (the "Claims").

5. I understand that it is my responsibility to carry appropriate medical insurance and that such is not the responsibility of any other person or party, including, without limitation, the Parish or the Diocese of Cleveland.

6. In the event reasonable attempts to contact my emergency contact at the number listed below have been unsuccessful, I hereby authorize any of the staff, employees, volunteers, agents and/or representatives of the Parish to provide for, seek, and authorize medical treatment for me in the case of illness or accident from the closest and most appropriate licensed medical practitioner or hospital available. I understand that this authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery.

7. I consent and grant permission do not consent and grant permission for the Parish and/or its agents to record (in writing or otherwise), photograph, audio record, and video record my name, image, likeness, spoken words, in any form (the "Recordings"), and to display, release, exhibit, publish, or distribute the Recordings, or any part thereof, for the purpose of and in connection with any material that may be created by or on behalf of the Parish including, without limitation, through the Parish's bulletin boards, social media, website, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation, and I agree that the Recordings shall constitute the sole property of the Parish. I further agree to release the Parish, the Catholic Diocese of Cleveland, and the Bishop of the Diocese of Cleveland, and their respective officers, directors, agents,

employees and/or attorneys from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented. I further understand that the Parish and its respective officer, directors, agents and/or employees have no control over use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent and release.

8. To the fullest extent allowed by applicable law, the Agreement shall be binding upon and inure to the benefit of the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns. I have the authority to release the Claims and have not assigned or transferred any Claims to any other party. This Agreement constitutes the entire agreement between the parties and supersedes any and all prior oral or written agreements or understandings between the parties concerning the subject matters of this Agreement. This Agreement may not be altered, amended or modified, except by a written document signed by both parties. The Released Parties, to the extent they are not parties to this agreement, are intended to be third party beneficiaries.

9. 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 governed and 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 AUTHORIZATION TO SEEK MEDICAL TREATMENT SHALL BE EFFECTIVE AS OF THE DATE FIRST WRITTEN BELOW AND BINDING UPON ME AND MY OWN PERSONAL REPRESENTATIVE OR ESTATE, ASSIGNS, HEIRS, AND NEXT OF KIN AND THAT I HAVE SIGNED THIS AGREEMENT OF MY OWN FREE WILL.

Name _____ Signature _____ Date __/__/____

Home Address _____ City _____ Zip _____

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

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

Signature of Witness: _____ Witness Name (please print): _____

Witness Phone Number: _____

Medical Information -- Please Print

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date __/__/____ Participant Birth date __/__/____

Family Doctor _____ Phone No. _____

(See Activity Information form below)

ACTIVITY INFORMATION

A. On-Going Program

Parish St. Hilary Program or Group Safety Committee - Parent Volunteers
Starting Date 8/26/2019 Ending Date 6/4/2020 Registration Fee 0
Usual Location School parking lot / Moorfield Rd. Usual day and time 8:00-8:30 AM M-F
Activities Involved (specify nature of activities) Parent volunteers will be an extra set of eyes to help ensure the safety of all students during drop-off. They will remind drivers of rules and/or notify the administration or staff member on duty of violations.
Group Leader Randy Parsons / Brittany Root Telephone No. see directory
Other Information please feel free to contact Jennifer Woodman as well.
 Check here if any additional information is attached. Note: any additional activity information (e.g. schedule, list of specific activities, etc.) should be attached where applicable to further inform participants.

B. One-Time Activity

Parish _____ Activity _____
Location _____ Emergency No. _____ Cost _____
Starting Date and Time _____ Meeting Place _____
Ending Date and Time _____ Meeting Place _____
Activities Involved (specify nature of activities) _____

Type of Transportation (if any) _____
Group Leader _____ Telephone No. _____
Other Information _____

_____ Check here if any additional information is attached. Note: any additional activity information (e.g. schedule, list of specific activities, etc.) should be attached where applicable to further inform participants.

Signature of Participant: _____ Date / /

Dear Parent Volunteers,

Thank you for taking time out of your day to volunteer during our drop-off duty. We appreciate your commitment to keeping our students safe! On the back, are a set of Expectations/Duties and a reminder of our Drop-Off Procedures. Please review these before your duty. We know that the strong partnership between our school and parents is a large part of what makes St. Hilary School the special place that is. Thank you for all that you do today and always!

Sincerely,

Jennifer Woodman, Principal

Darcy Alexander, Assistant Principal



Expectations / Duties:

- Sign in at the school office at 8:00 a.m. and pick up sign and safety vest.
*If you have not signed a waiver, please do so. There are extra copies in the school office.
- Report to assigned location:
 - Moorfield Road (Rectory Driveway)
 - Market Street Entrance
 - Horning Hall Sideway (by stop sign)
- Check in with the staff member on duty if you have questions about your assignment.
- Use your sign to remind drivers to be safe and follow the drop-off rules.
- Watch for unsafe driving and at an appropriate time (and if safe) approach the car to notify and warn the driver.
- If you cannot approach a car that has violated a rule, write down the model and make (or take a picture) of the car. The administration will call the driver directly.
- Return the sign and the vest to the office at 8:30 a.m. or when cars/busses are finished dropping off and sign out.

Drop-Off Procedures:

- Students may exit vehicles only when vehicles are in the marked drop-off zones on either side of the building.
- Students may exit vehicles only from the passenger side due to moving traffic on the driver side of vehicles dropping off students. You may need to adjust car seat placement.
- On the parking lot side of the building, the crosswalk area must remain clear for pedestrian crossing. This is NOT a drop-off zone.
- On the parking lot side of the building, the area near the fire hydrant and the church sidewalk are NOT drop-off zones.
- On the Moorfield Road side of the building, after students exit vehicles, they should walk closest to the grass, not the street.
- Please instruct your child that once he or she exits the vehicle, he or she may not return to it for any reason. If an item is forgotten in the car, he or she may go directly to the office for assistance in promptly contacting the driver who dropped him or her off. If an item is dropped or a car door is not closed, a staff member on duty will assist.
- During drop-off and pick-up times, we are a CELL PHONE – FREE CAMPUS. Please refrain from using your cell phone in your vehicle during this time.
- If you find these procedures to be cumbersome, please remember that you always have the option of parking your car and walking your child to the building. Students are not permitted to walk from the parking lot to the building alone.
- Cooperation with these procedures and with our staff members on duty is expected and appreciated.