



In partnership with NET Ministries, the Office for Youth Evangelization and Discipleship is happy to present Awake, a Jr. High youth rally. Awake seeks to accompany 6-8th graders through an event that will provide opportunities for fellowship, worship, and encounter. The event is open and accessible to any 6-8th grader and will feature a meal, entertainment, music, games, small group conversation, a keynote testimony, Eucharistic adoration, and the opportunity for the youth to receive the Sacrament of Reconciliation.

WHAT ARE YOU LOOKING FOR?

JOHN 1: 38

@ST. MICHAEL HALL
33 ELM ST
FORT LORMIE, OH

FEBRUARY
10
4:30-8PM

FOR 6-8TH GRADERS
COST: \$15
DINNER WILL BE SERVED



#VIACATHOLIC

#MADEFORMISSION

#NETCINCY

See your Youth Minister or DRE for information about registering.

If you're an individual registrant visit viacatholic.org/awake



**ARCHDIOCESE OF CINCINNATI
 PERMISSION, RELEASE AND
 AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)**

1. I, the parent or lawful 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 and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' 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 respective officers, agents, representatives, volunteers and employees.

2. I further 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.

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

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. 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.

5. I agree do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

6. 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 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 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 / /

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

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

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

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date / /

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy No. _____

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

Member's Birth date / /

Family Doctor _____ Phone No. _____

One Time Activity
Organizer: Archdiocese of Cincinnati, Office of Youth Evangelization and Discipleship **Activity** VIA Awake **Starting Date/Time:** Feb. 10 at 4:30pm **Ending Date/Time:** Feb. 10 at 8:00pm **Registration Fee** \$15 **Registration Deadline:** Registration until 2/4 @ 11:30pm, late registration accepted until day of event, late registrations must register online.---USING THIS FORM REGISTRATION IS DUE 2/1 TO ALEX CLUNE **Event Location:** St. Michael Hall 33 Elm St Fort Lormie, OH 45845 **Activities** Keynote talk, Worship, Adoration, Confession, Small Groups, **Type of Transportation:** None provided by event organizers. Each attendee arranges for his/her own transportation.----BUS AVAILABLE TO ST. AUGUSTINE ST. JOE STUDENTS LEAVING AT 4:10PM- Returning at 8:45PM **Event Contact:** Your Group Leader Alex Clune **Note:** This event is open to all 6-8th graders.