Continuing Adult Education Program (CAEP) Authorization Form/Waiver of Liability and Release

1) PERMISSION TO PARTICIPATE AND WAIVER OF LIABILITY AND RELEASE

I pledge and agree that all of the information contained in this pre-application is accurate, complete and true. The application for participation in the Continuing Adult Education Program (hereinafter “CAEP”) has my approval, and I agree to abide by the rules and decisions of CAEP contained in the application and otherwise. I/We, the undersigned, consent to the participation of ____________________________ [Participant’s Name] (hereinafter “Participant”) in activities of CAEP. I/We, the undersigned, participant/parents or guardians, on behalf of the Participant and myself/ourselves, my/our heirs and assigns, hereby agree to indemnify, save and hold harmless CAEP, Catholic Charities Corporation,dba Catholic Charities Diocese of Cleveland and its Bishop, and any of their employees, officers, agents, representatives, successors, licensees, and/or assigns, for the safety of the Participant and for any injury and/or disability sustained by the Participant and me/us arising out of or resulting from Participant’s participation in the events and programs offered by CAEP. As a Participant or parent or guardian of a Participant in the above program, I/we recognize and acknowledge that there are certain risks of injury and I/we agree to assume the full risk of any injuries, including loss of life, damages, or other losses which the Participant and I/we may sustain as a result of the above Participant in any and all activities connected with or associated with CAEP. In consideration of the above referenced Participant being permitted to attend CAEP, I/We agree, on behalf of the Participant and myself/ourselves, to waive and relinquish all claims and to fully release and discharge and agree to indemnify, hold harmless and defend CAEP, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland and its Bishop, and any of their employees, officers, agents, representatives, successors, licensees, and/or assigns, from any and all claims resulting from injuries, including loss of life, damages or other losses sustained by the Participant and me/us arising out of, connected with or in any way associated with participation in the activities of CAEP’s programs.

The Emergency Authorization Form and Release, set forth below, must be completed prior to participation. I have read and fully understand the contents of this Permission to Participate and Waiver of Liability and Release, and agree to the provisions contained herein.

X ________________________________  ____________________________
Signature of Parent/Legal Guardian  Date

2) AUTHORIZATION FOR MEDICAL AND/OR EMERGENCY TREATMENT AND RELEASE

I/We hereby give permission and authorize Continuing Adult Education Program (hereinafter “CAEP”), their agents, employees, successors and assigns to provide medical care including but not limited to the administration of prescribed medications and the delivery of first aid care to the participant for whom I am parent or legal guardian (hereinafter “the participant”). I hereby give permission and authorize CAEP, its agents, employees, successors and assigns to act on my behalf or on the behalf of the above-named Participant to seek medical treatment in the case of illness or accident from a medical practitioner or hospital and to arrange necessary related medical transportation. Should medical attention be required to care for the Participant, I agree to pay any expenses incurred and I further acknowledge and state that Participant and/or I/We has/have adequate health insurance coverage to reimburse emergency care in the event that it is required.

In the event that reasonable attempts to contact me/us or my/our emergency contact have been unsuccessful, I hereby grant consent and permission for CAEP to accompany Participant to emergency medical care, and allow the administration of emergency treatment and care on him/her, including but not limited to x-ray examination, medical or surgical diagnosis or treatment and hospital care rendered under the supervision of any physician or surgeon licensed to practice medicine in the State of Ohio.

In consideration of the participation of the Participant in the CAEP, and wishing to promote and benefit this non-profit cause, I, on behalf of the Participant and myself/ourselves, hereby release and hold harmless CAEP, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their employees, officers, agents, representatives, successors, licensees, and/or assigns, from any and all liability for claims and demands arising out of the medical or emergency medical care of the program member. I, on behalf of the Participant and myself/ourselves, specifically waive any rights and claims that I may have as well as any other claims for damages in law or equity.

I have read and fully understand the contents of this Authorization For Medical and/or Emergency Medical Treatment and Release, and agree to the provisions contained herein. IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

X ________________________________  ____________________________
Signature of Parent/Legal Guardian  Date

3) AUTHORIZATION TO PHOTOGRAPH & RELEASE (Optional)

I hereby give permission and authorize Continuing Adult Education Program (hereinafter “CAEP”), its agents, employees, successors and assigns to photograph, or otherwise electronically or digitally record my image or the image of the Participant for whom I am parent or legal guardian for publication in printed or electronic form, and for my image or that of the Participant to be seen and disseminated to the general public in any media form, including, but not limited to CAEP newsletters, posters, displays, films, videos or websites.

In consideration of the participation of the Participant in a CAEP program, and wishing to promote and benefit this non-profit cause, I, on behalf of the Participant and myself/ourselves, hereby indemnify, release and hold harmless CAEP, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, its employees, officers, agents, representatives, successors, licensees, and/or assigns, from any and all liability for claims and demands arising out of the use of my image or the image of the Participant in any aforementioned media. I, on behalf of Participant and myself/ourselves, specifically waive any rights and claims that I or the Participant may have or claim for privacy, invasion of privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages in law or equity.

I have read and fully understand the contents of this Authorization to Photograph and Release, and agree to the provisions contained herein. IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

X ________________________________  ____________________________
Signature of Parent/Legal Guardian  Date