



Join us for a trip to

# Niederman Farms



**What:** A trip to Niederman Farms.

We are renting a fire pit and will bring S'mores materials. They have a corn maze, play areas, hayrides and more!

**When:** Saturday October 24<sup>th</sup> – Gathering at 6 pm

We will be gathering in the St. Bart's parking lot after the 5 pm Mass. We will leave the farm at around 10 pm and return to the St. Bart's parking lot (estimated return at 10:30 pm)

**Who:** All High School and Jr. High Students (6<sup>th</sup> – 12<sup>th</sup> grade)

\*\*\* We also need parents to drive and chaperone!

**Cost:** \$12 a person. I must receive RSVP by October 23<sup>rd</sup>.

**\*\*Niederman Farms is only allowing pre-purchase of tickets online, so no late RSVP's will be accepted.**

That cost includes admittance to the farm and all the free activities, as well as s'mores materials. They do have a concession stand and other items for sale. Students can choose to bring their own money for these purchases as they wish. Please let me know if you need a scholarship.

\*\* Masks are required at Niederman Farm.

To reserve your spot, please fill out a form and return to Amy Staubach through either parish or school office. Forms available at either parish website: [estbarts.org](http://estbarts.org) or [stvivian.org](http://stvivian.org) or by emailing [amy.staubach@fuse.net](mailto:amy.staubach@fuse.net). Paper copies will also be available at both parishes. *Checks are made payable to St. Vivian parish.*

Any questions, email [amy.staubach@fuse.net](mailto:amy.staubach@fuse.net) You can visit Niederman Farm website also for more information -

<https://www.niedermanfamilyfarm.com/fall-festival.html>

Emergency Contact during the evening is Amy Staubach at 646-0942



# Niederman Farms



## Participation Form

Name: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

\_\_\_\_ My parent is able to chaperone. Number of seatbelts in car: \_\_\_\_\_

Parent Chaperone Name: \_\_\_\_\_

Total number of tickets requested: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

Please Fill out the emergency form on the back. \*\*\*\*If you have already filled out a form for the Blessed Saints youth ministry you do not have to fill out the medical information. You can just sign the back and make sure we have current emergency numbers. Chaperones must be VIRTUS compliant.

## Activity Information:

### One-Time Activity

Church Agency Blessed Saints Youth Ministry (St. Bartholomew and St. Vivian)

Activity Trip to Niederman Farm Location \_\_\_\_\_

Emergency No. 513-646-0942 Cost \$12 pre-ordered by 12 pm on 10-23-20

Date and Time October 24<sup>th</sup>, 2019 6 pm – 10:30 pm.

Meeting Place St. Bartholomew 9375 Winton Rd. Cincinnati, OH 45231

Activities Involved All activities at the farm including bonfire, corn maze, play area, hay ride

Type of Transportation (if any) Car caravan

Group Leader Amy Staubach Telephone No. 513-646-0942

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)**

1. I, the custodial parent/legal 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, indemnify, and hold harmless \_\_\_\_\_ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I 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 of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

*Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

6. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

7. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_