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

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### 1) PERMISSION TO PARTICIPATE AND WAIVER OF LIABILITY AND RELEASE

I/We pledge and agree that all of the information contained in CAEP participant's registration is accurate, complete and true. I approve of registration in Continuing Adult Education Program (hereinafter "CAEP"), and I/We agree to abide by the rules and decisions of CAEP contained in the registration packet and otherwise. I/We, the undersigned, consent to the participation of CAEP Participant in any and all events, activities and programs (hereinafter "Activities") of CAEP, including various off-site field trips that are offered during the program cycle. I/We, the undersigned, CAEP Participant or CAEP Participant's parents or guardians, on behalf of the CAEP Participant and on behalf of myself/ourselves, my/our heirs, representatives and assigns, hereby agree to indemnify, save and hold harmless CAEP, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Roman Catholic Diocese of Cleveland the Bishop of the Roman Catholic Diocese of Cleveland, Diocese of Cleveland Facilities Services Corp., and any of their employees, attorneys, officers, agents, representatives, independent contractors, successors, licensees, and/or assigns, for the safety of the CAEP Participant and for any injury and/or disability sustained by the CAEP Participant and me/us arising out of, or resulting from, CAEP Participant's participation in the Activities and Programs offered by CAEP. As a CAEP Participant or parent or guardian of a CAEP Participant in CAEP Activities 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 CAEP Participant and/or I/we may sustain as a result of the above CAEP Participant's participation in any and all Activities connected with or associated with CAEP. In consideration of the CAEP Participant being permitted to participate in CAEP Activities, I/We agree, on behalf of the CAEP Participant and myself/ourselves, to waive and relinquish any and all claims arising out of, or resulting from, CAEP Participant's participation in the Activities and Programs offered by CAEP, and to fully release, discharge and agree to indemnify, hold harmless and defend CAEP, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, Diocese of Cleveland Facilities Services Corp., the Roman Catholic Diocese of Cleveland and the Bishop of the Roman Catholic of the Diocese of Cleveland, and any of their employees, attorneys, officers, agents, representatives, independent contractors, successors, licensees, and/or assigns, from any and all claims resulting from injuries, including loss of life, damages or other losses sustained by the CAEP Participant and/or me/us arising out of, connected with or in any way associated with CAEP Participant's or my/our participation in CAEP Programs and Activities.

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.

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

I/We hereby give permission and authorize Continuing Adult Education Program (hereinafter "CAEP"), its officers, agents, employees, attorneys, representatives, independent contractors, successors, and/or assigns to provide medical care including but not limited to the administration of prescribed medications and the delivery of first aid care to the CAEP Participant for whom I am parent or legal guardian (hereinafter "CAEP Participant") and/or myself/ourselves. I hereby give permission and authorize CAEP, its officers, agents, employees, representatives, independent contractors, successors, and/or assigns to act on my behalf or on the behalf of the above-named CAEP 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 me or for the CAEP Participant, I agree to pay any expenses incurred, and I further acknowledge and state that CAEP 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 CAEP Participant to emergency medical care, and allow the administration of emergency treatment and care to 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 medical practitioner, physician or surgeon licensed and/or authorized in the State of Ohio.

In consideration of my participation or the participation of the CAEP Participant in a CAEP program, and wishing to promote and benefit this non-profit cause, I, on behalf of the CAEP Participant and myself/ourselves, hereby release and hold harmless CAEP, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, Diocese of Cleveland Facilities Service Corp., the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their employees, attorneys, officers, agents, representatives, independent contractors, 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 CAEP Participant. I, on behalf of the CAEP Participant and myself/ourselves, specifically waive any rights and claims that I/we 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: