



**Mount Notre Dame  
Community Service Program  
BeYOUtiful**



Visit [www.mndhs.org/service](http://www.mndhs.org/service) to register!

| <b>(3) The BeYOUtiful Program</b> |   |
|-----------------------------------|---|
| <b>Student Leaders</b>            | <b>Co-Leaders:</b> Jessica Mitsch '20 and Grace Brecht '20<br><b>Support Team:</b> Melina Koch '20 and Cam Coburn '21<br><b>Service Board Liaison:</b> Jessica Mitsch '20<br><b>MND Adult Support:</b> Mr. Todd Forman (tforman@mndhs.org)  |
| <b>What We Do</b>                 | Mount Notre Dame is pleased to continue our partnership with The Children's Home of Cincinnati (CHOC) Autism High School. Through our partnership, students from both schools work side-by-side on various service projects such as CHOC's Shantytown, the Children's Home Prom, serving at Matthew 25: Ministries, partnering in our Food Drive for St. Vincent de Paul, and participating in monthly activities at Mount Notre Dame. We may also have activities off campus at various service sites. |



Visit [www.mndhs.org/service](http://www.mndhs.org/service) to learn more about this service program, activity dates, participant expectations, and to REGISTER online.

**REGISTRATION CLOSSES WEDNESDAY, SEPTEMBER 25, 2019**



Have your parents complete the Parent Permission Form on the back of this document.

**COMPLETED PARENT FORMS ARE DUE BY TUES., OCTOBER 1, 2019. RETURN TO MR. FORMAN IN CAMPUS MINISTRY.**

# **BeYOUtiful Program Permission Form**

**PARENTS:** I, the lawful parent or guardian of \_\_\_\_\_ (my "child"), request my permission for my child to participate in the **BeYOUtiful Program** sponsored by MND according to the terms specified below:

1. I release from all liability, and indemnify and hold harmless Mount Notre Dame High School and the officers, agents, representatives, volunteers, and employees of Mount Notre Dame from any and all liability, actions, causes of action, claims, judgments, costs or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with MND and their agents in charge of the activity.

3a. I appoint MND and their agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness, or medical emergency occurs during the activity:

(i) To give any and all consents and authorizations to any physician, dentist, hospital, or other persons or institutions pertaining to any emergency medications, medical emergency occurs during the activity.

(ii) I understand that the agents of MND will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency regarding my child.

3b. The powers and authority granted herein may be revoked by me by written notice delivered to MND or any agent thereof who is acting then or who has previously acted hereunder.

4. **PHOTOGRAPHS:** I agree that MND or their agents may use my child's portrait/photograph for editorial purposes and office functions and hereby release Mount Notre Dame and their agents from any liability resulting from such use.

5. **TRANSPORTATION:** I request permission for transportation arrangements as indicated in the application. I acknowledge that we have adequate insurance to cover any claims. I hereby waive and discharge any and all claims, rights of action, demands or liabilities of whatever nature against MND or any and all other person or persons in charge for any injuries or damages which my child, either directly or indirectly, incurs or causes as a result of her being a passenger in a car driven by adults involved in the trip, or as participating in these service activities.

## **Transportation Options - Parents please INITIAL ALL permissible options:**

- |  |   |
|--|---|
| <input type="checkbox"/> My daughter may drive herself ONLY                  | <input type="checkbox"/> My daughter may ride with a VIRTUS-trained adult       |
| <input type="checkbox"/> My daughter may drive herself ___ other students    | <input type="checkbox"/> I will provide all transportation for my daughter      |
| <input type="checkbox"/> My daughter may ride with a licensed student driver | <input type="checkbox"/> I may be able to help with transportation - contact me |

I have carefully read this statement, and my signature acknowledges that I fully understand its content and meaning and authorizes my daughter to participate in the activity being sponsored by MND.

Parent Name (Printed): \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Cell #: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO MR. FORMAN IN CAMPUS MINISTRY  
TO COMPLETE YOUR REGISTRATION.  
DUE BY TUESDAY, OCTOBER 1, 2019.**