



The Roman Catholic Diocese of Peterborough

March 24, 2023

NOTICE OF EVENT

To Whom It May Concern

Please be advised that The Corporation for the City of Peterborough has granted the Roman Catholic Diocese of Peterborough permission for a rolling road closure the morning of Good Friday, April 7, 2023, for a re-enactment of the Way of the Cross. The closure affects the area from the Cathedral of St. Peters in Chains at 411 Reid Street to on Hunter Street West to Immaculate Conception Church at 386 Rogers Street. The re-enactment will begin at the Cathedral of St. Peters in Chains at approximately 10:00 am and slowly make its way to Immaculate Conception around 1:00 pm.

A detailed road map has been enclosed. Parade Marshals will be walking alongside the actors to clear the way for emergency vehicles should the need arise. There will also be paid duty police officers onsite during the procession.

Should you have any questions or concerns, please contact one of the event organizers below.

Fr. Peter Lukow, Associate Pastor
Cathedral of St. Peters in Chains
705-745-4681

FrPeterLukow@peterboroughdiocese.org

Mary Marrocco
Organizing Committee (Volunteer)
705-295-3823

mtmarrocco1@gmail.com

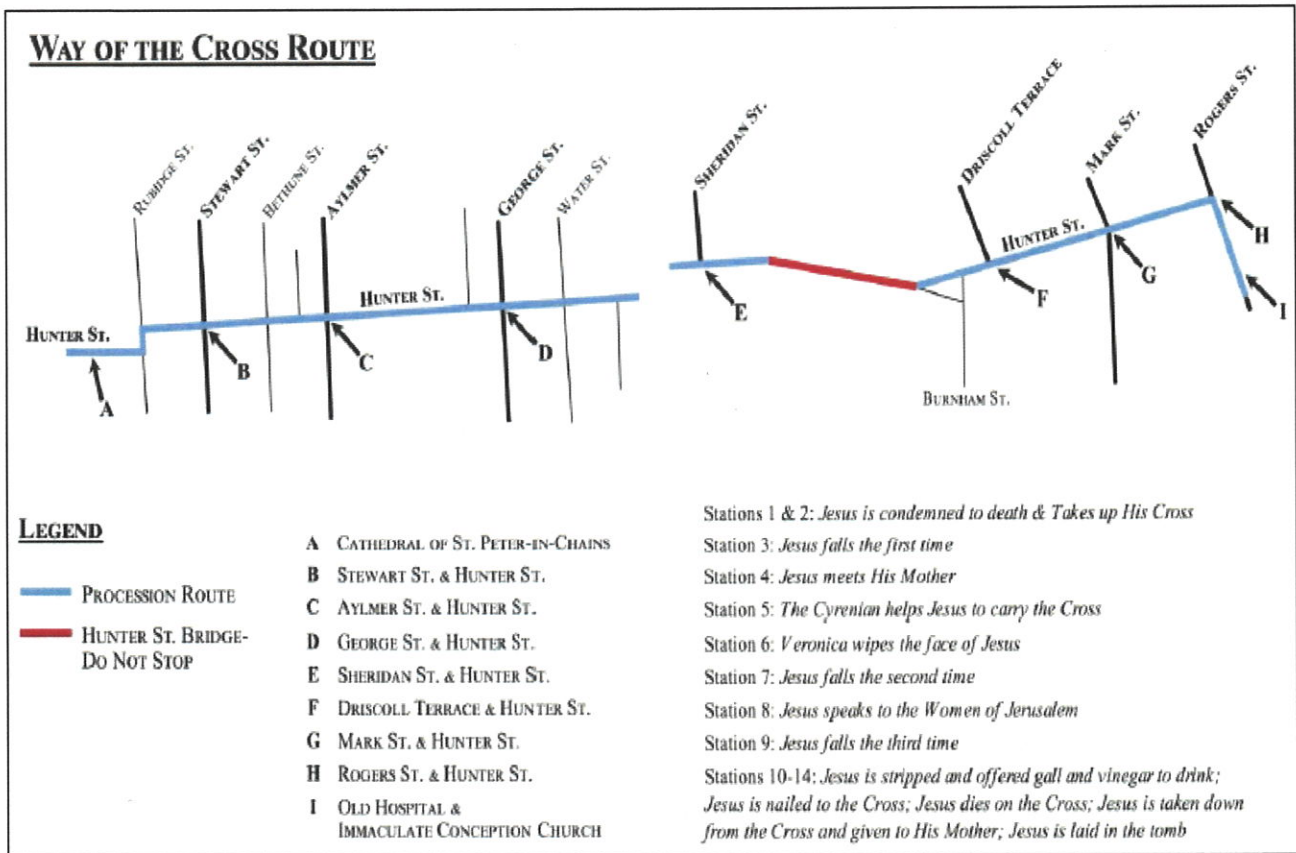
PL & MM/dmcr



The Roman Catholic Diocese of Peterborough

THE WAY OF THE CROSS

COME EXPERIENCE HIS MERCY



CERTIFICATE OF INSURANCE COVERAGE

Named Insured: The Roman Catholic Espiciopal Corporation for the diocese of Peteborough, in Ontario, Canada
Address of Named Insured: 350 Hunter Street West, Peterborough, ON, K9H2M4
Telephone Number: 705-745-5123 **Email Address:** DEBMCRAE@PETERBOROUGHDIOCESE.ORG
Name of Facility Insured: Various Closed Roads
Address: 500 George Street North, Peterborough, K9H 3R9, ON

GENERAL LIABILITY INSURANCE COVERAGE

(Coverage only accepted by Insurers who are licensed in Ontario and governed by FSCO)

Name of Insurance Company: Certain Underwriters at Lloyds of London through Tokio Marine HCC Specialty
Group Policy Number: 6654

Effective from (DD/MM/YYYY): 07/04/2023 **Expiry (DD/MM/YYYY):** 07/04/2023
Rental Time - From (DD/MM/YYYY): 8:00 AM 07/04/2023 **Until (DD/MM/YYYY):** 2:00 PM 07/04/2023

Description of Activity/Event/Use: Sporting Activity: One time sporting event
Sporting Event Type: Hiking / Walking
Name of Location Insured: Various Closed Roads
Participants: 500

Commercial General Liability Limit per Occurrence: \$ 5,000,000
Aggregate Limit: \$ 5,000,000
Participant Legal Liability Sublimit: \$1,000,000

Coverage above includes:

Third Party Bodily Injury and Property Damage YES
Products & Completed Operations YES
Cross Liability / Severability of Interests Clause YES
Employees &/or Volunteers added as Additional Insureds YES

Event includes Sport Activity
- Bodily Injury to Participant YES
- Participant to Participant YES

If Event includes Vendors
- Independent Blanket Vendor Coverage N/A

Event includes the serving of Alcohol
- Liquor Liability N/A

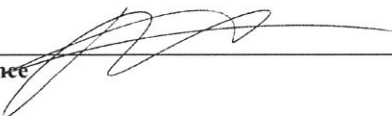
It is understood and agreed that this policy includes ADDITIONAL INSUREDs with respect to the liability arising out of the operations of the Named Insured as follows; 1) The First Named Insured, its employees, Elected Officials, and authorized agents 2) Other Additional Insureds - CORPORATION OF THE CITY OF PETERBOROUGH with the address of 500 GEORGE STREET, PETERBOROUGH ON K9H 3R9, Nil. Furthermore, the policy contains a waiver of subrogation in the favor of the First Named Insured; and it is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-Insured Retention(s) within the Insurance indicated above.

NOTE Additional Insurance coverage may be required if any of the above boxes indicate 'No'

This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to the Additional Insured(s) noted above, as requested under the rental contract

Dated this 23 Day of March, 2023

Authorized Representative: _____
Name of Broker: HUB International Insurance
Phone number of Broker





**2023 Way of the Cross
Participant Information & Consent Form**

Student Last Name: _____	Student First Name: _____
Address: _____	
Street Address	City/Town/Village
Phone Number: _____	Cell Number: _____
Email Address: _____	
Preferred method of communication (circle):	Email Text
School: _____	Age: _____ Grade: _____
Parent/Guardian Name: _____	
Phone Number: _____	Cell Number: _____
Email Address: _____	
Preferred method of communication: (circle):	Email Text

I, _____, grant permission for my child, _____, to participate in this Diocesan rehearsals and event that may or may not require transportation to the event location. This activity will take place under the guidance and direction of Diocesan employees and/or volunteers. A brief description of the activity follows:

Event: **2023 Way of The Cross** Event Date: Good Friday April 7, 2023 ***plus rehearsals**
Location: The event will proceed from the Cathedral of St. Peter in Chains out the main door, onto Hunter St. proceeding east to Rubidge St. north, on Rubidge, briefly, and then right onto the continuation of Hunter St., then proceeding east on Hunter, crossing George and Water St's., continuing east, over the bridge, until turning right (south) at Rogers' St. and proceeding left into Immaculate Conception Church.

Individual in Charge: _____

Duration of Activity: 7:00 am to 1:00 pm

Mode of transportation to/from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Roman Catholic Episcopal Corporation for the Diocese of Peterborough in Ontario, Canada, its officers, directors, agents, chaperons or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its officers, directors and agents, chaperons or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. If it is deemed necessary by staff or volunteers, my child may be sent home before the conclusion of this event at my expense.

Signature: _____ Date: _____

Use of Image Permission

I give permission for images of my child, captured during rehearsals and meetings leading up to and including 2023 Way of the Cross through video, photo, and digital camera, to be used solely for the purpose of promotional materials and publications and waive any rights to compensation or ownership thereto.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Contact Name: _____ Phone Number: _____
Email Address: _____ Relationship: _____
Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

Specific Medical Information: The Diocese will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____