



EVENT DATE: _____
EVENT: _____

RELEASE AND CONSENT FORM

Jurisdiction: Connecticut

Chapter Name: _____

- 1) I, the undersigned Parent or Legal Guardian of _____ do hereby give my consent and permission for him/her to participate in the _____
- 2) In the event of injury or illness to the above named minor, I, the undersigned Parent or Guardian, hereby authorize any adult DeMolay Advisor in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present: including, but not limited to, hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications. I understand that every reasonable effort shall be made to contact me prior to medical treatment.
- 3) The above named minor is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows (state on the line below, if NONE state NONE):

- 4) Neither DeMolay International, nor the jurisdiction of Connecticut DeMolay, maintains any medical insurance for its members. I understand that we will be responsible for any and all costs of medical treatment incurred by or on behalf of the above named individual.
My family health insurance carrier and policy number are as follows:

<u>Insurance Company</u>	<u>Policy Number(s)</u>	<u>Policy Holder's Name</u>
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- 5) I, the undersigned Parent or Legal Guardian, AND the undersigned Youth (legal minor), do hereby agree that we will abide by the Statutes, rules, regulations, and edicts of the International Supreme Council, DeMolay International and its duly authorized representatives. We agree that, if in opinion of any DeMolay Advisor, that either should be removed or asked to leave any DeMolay activity for violation of the same, that the undersigned Parent or Legal Guardian will immediately take the necessary action to cause the transportation of the violator from the activity site at the expense of the undersigned Parent or Legal Guardian.
- 6) We hereby agree to release and hold harmless the International Supreme Council, DeMolay International, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff members, and Advisors of the jurisdiction of Connecticut DeMolay, from any and all claims or causes of action which arise out of attendance at the aforesaid event, including transportation to and from said event.
- 7) IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR LEGAL GUARDIAN CANNOT BE REACHED, THE UNDERSIGNED PARENT OR GUARDIAN HEREBY AUTHORIZE THE FOLLOWING PERSON TO ACT ON THEIR BEHALF

Name: _____ Phone: _____
 Address: _____ Relationship: _____

- 8) Parent or Legal Guardian: Please provide the following information about yourself
 Your full name: _____
 Street & Mailing Address: _____
 City/State/Zip: _____
 Telephones: (home) (_____) _____ (work) (_____) _____
 Relationship to Youth: _____
- 9) If youth's address is different from Parent or Legal Guardian please state on the line below (if SAME, write SAME):

X _____
Signature of Parent or Legal Guardian

X _____
Signature of Youth (legal minor)

Please print name of Parent or Legal Guardian X _____