Special Medical Release for Major Activities that require travel over 100 miles or are over-night or involve unusual risks (examples: Conclave, river rafting, paintball, camping, sailing / on-water fishing)

Consent Form and Approval To Participate In DeMolay Activities

First name of participant and middle initial _____ ___ Last name _____

Address_____ Birth date (month/day/year) ____/____/_____

Additional address (need street address if you have a P.O. box) _____

City _____State _____ Zip _____

I, the undersigned Parent or Legal Guardian, AND/OR the undersigned Participant, do hereby agree that we will abide by the Statutes, rules, regulations, and edicts of DeMolay International, Order of DeMolay, and its duly authorized representatives. We agree that if in the opinion of any DeMolay Advisor that if either of us 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 violator from the activity site at the expense of the undersigned Parent or Legal Guardian.

[X]_____ **[X]**_____

PARTICIPANT'S SIGNATURE *PARENT'S SIGNATURE*

HOLD HARMLESS

I understand that participation in DeMolay activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release any duly chartered Chapter, League and/or District, Order of DeMolay, of the Jurisdiction of Southern California, and DeMolay International, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

The participant is permitted to participate in ALL DeMolay activities and events WITH THE FOLLOWING EXCEPTIONS (e.g. skiing, swimming. If NONE, write NONE):

_____

Participant's signature _____Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

PARENTAL PERMISSION & MEDICAL RELEASE
(if the participant is under 18 years of age)

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____Date _____

Parent/guardian printed name _____

Parent/guardian signature_ _____ Date _____

_____

Area code and telephone number (best contact and emergency contact)

Special Medical Release for Major Activities that require travel over 100 miles or are over-night or involve unusual risks (examples: Conclave, river rafting, paintball, camping, sailing / on-water fishing)

HEALTH HISTORY

You should be aware that the participant has experienced health problems with the following (check all that apply):

[ ]Appendicitis	[ ]Cramps in water	[ ]Eyes (e.g. needs glasses)	[ ]Hernia	[ ]Sinus trouble
[ ]Asthma	[ ]Diabetes	[ ]Fainting	[ ]Knees	[ ]Throat infection
[ ]Bones (broken/weak)		[ ]Ear Trouble	[ ]Frequent colds	[ ]Motion Sickness
[ ]Convulsions		[ ]Epileptic seizures	[ ]Heart trouble	[ ]Rheumatic fever

Other problems: _____

DeMolay maintains medical insurance coverage for accidental injury subject to a maximum of five-thousand dollars ($5,000.00) which is subject to a fifty dollar ($50.00) deductible. Such coverage is not a substitute for any family medical insurance coverage. The participant's family coverage (if there is any) is considered to be PRIMARY COVERAGE with DeMolay's coverage being secondary.

_____ _____ _____
Medical Insurance Company or Medical Plan (or NONE) Policy Number(s) Policy Holder's Name

Phone Number (of family physician, medical plan etc.): (___)_____ Note: _____

_____

In case of emergency, notify:
Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____ Cell Phone_____

Alternate contact _____ Alternate's phone _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/Guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here.