

Activity Consent Form and Approval by Parents or Legal Guardian

This form is recommended for Jurisdiction, League, or a Chapter to use to obtain approval and consent for DeMolay and/or Sweethearts, and guests (if applicable) under 21 years of age to participate in a Chapter, League, Jurisdiction trip, expedition, or activity. This form is required for use with SCJ Conclave, any overnight trip or _____. It is recommended that parents keep a copy of the form and contact the advisor in the event of any questions or in case emergency contact is needed. Additional copies of this form are available for download from SCJdemolay.org

First name of participant and middle initial _____ Last name _____
Address _____ Birth date (month/day/year) ____/____/____ Age during activity _____
Additional address (need street address if you have a P.O. box) _____
City _____ State _____ Zip _____
Has approval to participate in _____
(Name of activity, orientation flight, outing trip, etc.)
From _____ to _____.
(Date) (Date)
 Without restrictions
 Special considerations or restrictions: _____

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the duly chartered Chapter, League and/or District, Order of DeMolay, of the Jurisdiction of Southern California, and International Supreme Council, Order of DeMolay, 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.

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) _____ E-mail (for use in sharing more details about the trip or activity) _____

Contact the adult advisor with any questions:

Name _____

Phone _____ E-mail _____