DeMolay Permission, Release and Indemnity – Child Under 18

Each of the undersigned grants permission to my child to accompany any chapter or jurisdiction of DeMolay International to, from and during any activity or event of any chapter or jurisdiction of DeMolay. The information on this form may be used at the discretion of any advisor or adult volunteer of DeMolay to see that care or attention is given to the health of my child.

Name of Child: _____ Date of Birth: _____

Address: _____ City: _____State: _____ Zip: _____

List any medications needed:

Does your child have any physical, mental or emotional conditions that would prevent the child from participating in activities? ☐ If so, please explain:

Does your child have any reaction to drugs, food, insect bites, etc.? ☐ If so, please provide information on reaction and treatment.

Father/Guardian Name: _____Phone: (___) _____ Cell: (_____) _____

Address: _____ City: _____ State: ____ Zip: _____

Mother/Guardian Name: _____Phone: (___) _____ Cell: (_____) _____

Address: _____ City: _____ State: ____ Zip: _____

Emergency Contact: Name/Relationship: _____ Phone: (_____) _____

Family Practice MD Name:_____ Phone: (_____) _____

Insurance: Carrier: _____

Policy No.: _____ Group No.:_____ Member No.: _____

Each of the undersigned parents/guardians grants to any DeMolay advisor or adult volunteer authority to exercise supervision of the child to and from and during the time the child is participating in a DeMolay chapter or jurisdiction activity or event.

Each of the undersigned agree that, if deemed appropriate by a DeMolay advisor having supervisory authority at the activity or event: (1) my child's room may be entered, (2) the child may be removed from any activity or event and/or (3) the child may be returned home or one of the undersigned will pick the child up.

Each of the undersigned hereby releases any DeMolay chapter, jurisdiction advisor and adult volunteer from any liability caused by the child.

Each of the undersigned authorizes any DeMolay advisor or adult volunteer to obtain for the child whatever medical services, including hospital and physician(s), such advisor or adult volunteer determines appropriate as a result of injuries to or illness of the child at the DeMolay activity or event or going to or from such activity or event

Each of the undersigned agrees to pay the DeMolay chapter, jurisdiction, advisors or adult volunteers for any monies or credit advanced by any of them for such purposes and to indemnify and hold harmless said DeMolay chapter, jurisdiction, advisor or adult volunteer for medical expenses arising from any medical bills or medical expenses arising from any such medical aid rendered to or for the child.

Father/Legal Guardian Signature: _____ Date: _____

Mother/Legal Guardian Signature: _____ Date: _____