

RELEASE AND CONSENT FORM

Jurisdiction of Oregon, Order of DeMolay

Chapter Name: _____

Date: _____

- I, the undersigned Parent or Legal Guardian of _____, (Youth) do hereby give my consent and permission for him/her to participate in Oregon DeMolay events. I understand this applies to all activities and events of any duly chartered Chapter of the Order of DeMolay, of the DeMolay Jurisdiction of Oregon, including any activities or events conducted at the state or jurisdictional level, or by the International Supreme Council, Order of DeMolay, WITH THE FOLLOWING EXCEPTIONS: (State EXCEPTIONS on line below.)

- In the event of injury or illness to the above named Youth, I, the undersigned Parent or Legal 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.
- The above named Youth is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows: (State MEDICAL PROBLEMS/MEDICATIONS on the line below.)

- Neither DeMolay International nor the jurisdiction of Oregon, Order of DeMolay, maintains 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 Youth. My family health insurance carrier and policy numbers are as follows:

Insurance Company Name	Policy/Group Number(s)	Policy Holder's Name
_____	_____	_____
- I, the undersigned Parent or Legal Guardian, AND the undersigned Youth, do hereby agree that we will abide by the Statutes, rules, regulations, and edicts of the International Supreme Council, Order of DeMolay, and its duly authorized representatives. We agree that if in the opinion of any DeMolay Advisor we 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.
- We hereby agree to release and hold harmless the International Supreme Council, Order of DeMolay, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff members and Advisors of the Jurisdiction of Oregon, Order of DeMolay, from any and all claims or cause of action which the undersigned has or may have. This specifically includes any and all claims which arrive out of attendance at Oregon DeMolay events, including transportation to and from said event
- IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR GUARDIAN CANNOT BE REACHED, THE UNDERSIGNED PARENT OR GUARDIAN HEREBY AUTHORIZE THE FOLLOWING PERSON TO ACT ON HIS/HER BEHALF:
Name: _____ Phone: _____
Address: _____ Relationship: _____
- Parent or Legal Guardian: Please provide the following information about yourself.
Your full name: _____
Street Address: _____
City, State, Zip: _____
Relationship to Youth: _____
Phone (Home) _____ (Work/Other) _____
- If Youth's address is different than Parent or Legal Guardian, please state on line below:

- Youth is is not (check one) age 18 or older or legally responsible for himself/herself under the law.

Signature of Parent/Legal Guardian

Signature of Youth

Age of Youth