

# PARENT CONSENT / MEDICAL RELEASE FORM

YOUTH NAME (AS LISTED ON REGISTRATION): \_\_\_\_\_

FULL LEGAL NAME (IF DIFFERENT): \_\_\_\_\_

PARENTS / LEGAL GUARDIANS NAMES: \_\_\_\_\_

I understand that DeMolay is an organization that consists of members who are of legal age (18-20) and of members who are not of legal age (12-17). The Washington DeMolay Convention Staff assigns 4-6 youth to a room with two queen-size beds (some with full size sofa sleeper). Youth attendees are roomed with other attendees of the same gender and similar age (within three years). Youth are not permitted to room with Advisors. Unless otherwise indicated on this form, I consent to having my child roomed as described above.

I agree to be available to be contacted at any time during Washington DeMolay Convention if necessary. I understand that should my child be required to leave Convention for disciplinary reasons, I am solely responsible for my child's transportation. In case of accident or illness, I give my permission for a member of the Washington DeMolay Convention Staff or a DeMolay Advisor to seek medical attention deemed necessary at the time, for my child. I acknowledge that neither DeMolay International nor Washington DeMolay maintains any medical insurance and that I will be responsible for all medical costs. I will indemnify and hold DeMolay harmless for the costs of medical care regardless of whether such care may later be considered unnecessary. I have completed the information below and realize it will be used only as outlined above. This form expires at midnight on April 26, 2020.

Should the need arise, during Convention, I/we may be reached at: \_\_\_\_\_

If I cannot be reached at the number above, I authorize the following individual to act on my behalf (**REQUIRED**):

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

I further agree to release and hold harmless DeMolay International and Washington DeMolay and its agents from any and all claims or causes of action which may arise out of my child's travel to and from, participation in, and attendance at Washington DeMolay's Convention. I have read the conditions of attendance and I hereby approve of the attendance of my child at Convention. My child may participate in all activities except: \_\_\_\_\_.

INSURANCE COMPANY NAME:	POLICY NUMBER(S):
POLICY HOLDER'S NAME:	SIGNATURE OF PARENT / LEGAL GUARDIAN AND TODAY'S DATE:

## Must be signed by youth attendee and witnessed by a parent / legal guardian:

I agree that while on my way to, in attendance at, and while returning from Washington DeMolay Convention I will follow the rules of Convention, and conduct myself in a manner consistent with the high standards of DeMolay. I will not bring anything to Convention that is inappropriate for the event. If my conduct violates DeMolay's rules, jeopardizes my safety or the safety of others, or distracts from enjoying the event, I may be sent home at my own expense and with a forfeiture of all fees, at the sole discretion of the Convention Director with approval of the Executive Officer. If this occurs, an on-site Advisor from my Chapter and my Parent/Guardian will be informed immediately. Further disciplinary action may be considered by the Executive Officer and the Chapter Advisory Council.

\_\_\_\_\_  
DeMolay's Signature

\_\_\_\_\_  
Parent/Legal Guardian's Signature