

Adult Leader Approval & Statement

DeMolay Chapter Dad Advisor Job's Daughters Bethel Guardian Rainbow Mother Advisor

(Signature Of Adult Leader Required)

I understand that an adult leader listed as a Michigan DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member, MUST be registered and present during the entire DeMolay Event activities and have agreed to be responsible for the above named DeMolay, Job's Daughter or Rainbow Girl (or other youth under the age of 21 years). The name of such DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member (with Chapter name, Bethel # and name or Assembly # and name and their home phone number) is shown below. If I am such DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member, I have indicated "SELF" below.

Responsible Adult Leader: _____
Print Name Telephone Number Chapter, Bethel or Assembly Name

Participants Indemnification

Name of participant: (Print) _____

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations, remembering that the future welfare of the Order of DeMolay is in my hands; and to follow all of the rules and regulations for this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Michigan DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this DeMolay event.

Participant's Signature: _____ Date: _____

Parental Permission & Medical Release

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. They may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that DeMolay members attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the DeMolay activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that his/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Michigan DeMolay, DeMolay International, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with the above named participant's attendance at this DeMolay event.

(Parent or Legal Guardian Signature) _____ Date: _____

Health History

The DeMolay Staff should be aware that this participant has experienced health problems with the following and any dietary or allergy restrictions. Dietary restrictions MUST be indicated here to receive a personalized meal ticket for all food functions. To ensure your safety, special requests will not be provided at meal functions without a meal ticket.:

- Appendicitis
- Ear Trouble
- Frequent Colds
- Rheumatic fever
- Convulsions
- Epileptic Seizures
- Heart Trouble
- Sinus Trouble
- Cramps In Water
- Fainting
- Hernia
- Throat Infection
- Diabetes
- Other _____
- Participant has no health problems

Health Notes/Food Allergies: _____

***Non-insurance waiver:** I hereby agree not to hold Michigan DeMolay responsible for any injuries sustained during the entire DeMolay event.

(Parent or Legal Guardian Printed Name) _____ (Parent or Legal Guardian Signature) _____

Name of Medical Insurance Company: _____ Policy #: _____

Name of Family Physician: _____ Telephone No.: (Including Area Code) _____

City: _____ State: _____ Zip Code: _____

In case of an emergency, contact:

Address: _____ Day Phone : (Including Area Code) _____

City: _____ Evening Phone : (Including Area Code) _____

State: _____ Zip Code: _____