

OKLAHOMA DEMOLAY ASSOCIATION
RELEASE AND CONSENT FORM

Jurisdiction: OKLAHOMA

Chapter Name: _____

1) I, the undersigned parent or legal guardian of _____ do hereby give my consent and permission for him/her to participate in all DeMolay events. I understand all activities and events of any duly chartered Chapter, Order of DeMolay, of the Jurisdiction of Oklahoma, including any activities or events conducted at the state or jurisdictional level, or by DeMolay International, Order of DeMolay; **WITH THE FOLLOWING EXCEPTIONS:** (State on line below, if NONE, write NONE.)

2) In the event of injury or illness to the above named minor, I the undersigned Parent or 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.

3) The above named minor is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows: (state on the line below, if NONE state NONE)

4) Neither DeMolay International, nor the jurisdiction of Oklahoma, Order of DeMolay, maintains any medical insurance for its members. I understand that we will be responsible for any and all costs of medical treatment incurred by on behalf of

_____ My family health insurance carrier and policy numbers are as follows:

_____ Insurance Company Name

_____ Policy Number (s)

_____ Policy Holders Name

5) I, the undersigned Parent or Guardian, AND the undersigned Youth (legal minor), do hereby agree that we will abide the Statutes, rules, regulations, and edicts of the DeMolay International, and its duly authorized representatives. We agree that if, in the opinion of any DeMolay Advisor, either of us 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 violator from the activity site at the expense of the undersigned Parent or Legal Guardian.

6) We hereby agree to release and hold harmless DeMolay International, Order of DeMolay, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff members, and Advisors of Oklahoma jurisdiction, Order of DeMolay, from any and all claims or cause of action which the undersigned has or may have. This specifically includes all activities which arrive out of the attendance at any DeMolay approved event including transportation to and from said event.

(SEE REVERSE SIDE)

7) 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 THEIR BEHALF:

NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

8) Parent or Legal Guardian:

Full name _____

Street & Mailing Address

City/State/Zip _____

Phones: (Home): _____ (Work): _____

Phones: (Mobile) _____ (Pager) _____

Relationship to Youth: _____

9) If youth's address is different than Parent or Legal Guardian, please state on lines below. (If SAME, write SAME.)

Signature of Parent or Legal Guardian

Signature of Youth (legal minor)