

Event: **Lock-in 2015** Event Date: **April 11-12, 2015** Jurisdiction: Connecticut
ADVISORS must fill out and submit this Release and Consent form to attend.

(DeMolays and Candidates should complete the *DeMolay* form.)



Chapter: _____

Advisor's Name: _____

Signature of Chapter Advisor or Chairman: _____

This application is invalid without the signature of Chapter Advisor or Chairman!!

- 1) In the event of injury or illness I, the undersigned, hereby authorize any adult DeMolay Advisor in attendance to secure, and any medical personnel 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. In the event I cannot give consent I understand that every reasonable effort shall be made to reach the emergency contact identified below prior to medical treatment.
- 2) I am subject to the following medical problems and/or am receiving treatment under the supervision of proper medical authorities as follows (If NONE state NONE on the line below): Please list any current medications, including non-prescription.

Please list any allergies such as medications, food, insects, etc or diet retrictions: _____

- 3) Neither DeMolay International, nor the jurisdiction of Connecticut DeMolay, maintains any medical insurance for its members. I understand that I will be responsible for any and all costs of medical treatment incurred on my behalf. My family health insurance carrier and policy number are as follows:

Insurance Company

Policy Number(s)

Policy Holder's Name

- 4) I, the undersigned, agree that I will abide by the by-laws, rules, regulations, and edicts of the International Supreme Council, DeMolay International, and its duly authorized representatives. I agree that if directed by the Executive Officer, a Deputy Executive Officer, or the Director of Winterfest to leave any DeMolay activity for violation of the same, I will do so immediately.
- 5) I hereby agree to release and hold harmless the International Supreme Council, DeMolay International, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff members, and Advisors of the jurisdiction of Connecticut DeMolay, from any and all claims or causes of action which arise out of attendance at the aforesaid event, including transportation to and from said event.
- 6) IN THE EVENT OF AN EMERGENCY WHERE I CANNOT GIVE MEDICAL CONSENT I AUTHORIZE THE FOLLOWING NAMED PERSON TO ACT ON MY BEHALF.

Name: _____ Phone: (_____) _____

Address: _____ Relationship: _____

- 7) Please provide the following information about yourself:

Your full name: _____

Street & Mailing Address: _____

City/State/Zip: _____

Telephones: (home)(_____) _____ (work) (_____) _____ (cell) (_____) _____

Printed Name

X _____
Signature

Date