

Event: **BROTHERHOOD WEEKEND 2013** Event Date: **October 18 -20, 2013** Jurisdiction: Connecticut

DeMolays and Candidates **MUST** fill out and submit this Release and Consent form to attend.

(Advisors should complete the *Advisor* form.)



Chapter: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age as of October 18, 2013: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please check one:

DeMolay

Candidate ----- First Line Signer's Name and ID number: \_\_\_\_\_

Signature of Chapter Advisor or Chairman: \_\_\_\_\_

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

- 1) I, the undersigned Parent or Legal Guardian of \_\_\_\_\_ do hereby give my consent and permission for him to participate in **Connecticut DeMolay's Brotherhood Weekend 2013**.
- 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 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. 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 (If NONE state NONE): Please list any medications, including non-prescription.

Please list any allergies such as medications, food, insects, etc. or diet restrictions: \_\_\_\_\_

- 4) Neither DeMolay International, nor the jurisdiction of Connecticut 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 or on behalf of the above named individual.  
**My family health insurance carrier and policy number are as follows:**

Insurance Company	Policy Number(s)	Policy Holder's Name
_____	_____	_____

- 5) I, the undersigned Parent or Legal Guardian, AND the undersigned Youth (legal minor), do hereby agree that we will abide by the Statutes, rules, regulations, and edicts of the International Supreme Council, DeMolay International and its duly authorized representatives. We agree that, if in opinion of any DeMolay Advisor, that either 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.
- 6) We 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.
- 7) IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR LEGAL 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: Please provide the following information about yourself  
 Your full name \_\_\_\_\_  
 Street & Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephones: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Relationship to Youth: \_\_\_\_\_

***Electronic Devices such as iPods, PSPs, PS2s or similar devices and associated games are not allowed at Brotherhood Weekend and Connecticut DeMolay will not be responsible for their damage or loss.***

X \_\_\_\_\_  
Signature of Parent or Legal Guardian

X \_\_\_\_\_  
Signature of Youth (legal minor)

Please **print** name of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_