

Event: **Lock-in 2015** Event Date: **April 11-12, 2015** 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 April 11, 2015: _____ 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 **DeMolay's Lock-in 2015**.
- 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 and Connecticut DeMolay will not be responsible for their damage or loss.
Energy drinks are not allowed and will be confiscated.

X _____ X _____
 Signature of Parent or Legal Guardian Signature of Youth (legal minor)

Please **print** name of Parent or Legal Guardian _____ Date _____