

Event: **BROTHERHOOD WEEKEND 2015** Event Date: **October 16 -18, 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 October 17, 2014: _____ 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 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 at Brotherhood Weekend and Connecticut DeMolay will not be responsible for their damage or loss.

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

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



Camp Hazen YMCA

204 West Main St, Chester, CT 06412

Tel: 860.526.9529 Fax: 860.526.9520

HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION

Name: _____ Phone: _____
 Address: _____
 Medical Insurance Policy No.: _____
 Insurance Company: _____
 Name of Insured: _____

In case of emergency while I am at Camp Hazen YMCA, please contact:

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Relationship to participant: _____

Are you a vegetarian? YES NO

Any pre-existing injuries (ankles, knees, back, etc) that might be aggravated by this event? YES NO

Taking any current medications? YES NO

Any heart problems or heart medication? YES NO

Do you have high blood pressure? YES NO

Do you have any allergies (food, bees, insects), reactions to medications or physical limitations? YES NO

Do you foresee any problem participating in the upcoming activities due to lack of physical exercise? YES NO

Please indicate any health history/problems you feel the Camp Hazen YMCA staff should be aware of:

I hereby grant Camp Hazen YMCA and its agents full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Camp Hazen YMCA and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my best interest.

➔ Signature of Participant*: _____ Date: _____

**If participant is under the age of 18, their parent or guardian must also sign below*

Signature of Parent/Guardian: _____ Date: _____

INFORMED CONSENT/LIABILITY RELEASE

• I am aware and understand that participating in activities while at Camp Hazen, including the Alpine Tower, High Ropes Course, Climbing Wall, Low Ropes Course, skate boarding, in-line skating, mountain biking, water sports, field sports, aerobics and kickboxing involve a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition.

• I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.

• I willingly, and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold the YMCA, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should the YMCA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold the YMCA harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, its instructors, facilitators, and agents.

• I authorize the YMCA to have and use photographs, slides and videotapes of the person named above as needed for its records and public relations programs.

• I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

➔ Signature of Participant*: _____ Date: _____

**If participant is under the age of 18, their parent or guardian must also sign below*

Signature of Parent/Guardian: _____ Date: _____