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.)

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

Please check one:  DeMolay  Candidate First Line Signer's Name and Signature of Chapter Advisor or Chairman:	ame:  ddress:  ty/Town  none Number:  ge as of October 17, 2014  ad ID number:	State :Birthdate:	Zip
Please check one:  DeMolay  Candidate First Line Signer's Name and Signature of Chapter Advisor or Chairman:	ty/Town none Number: ge as of October 17, 2014	State	Zip
Please check one:  DeMolay  Candidate First Line Signer's Name and Signature of Chapter Advisor or Chairman:	ty/Town none Number: ge as of October 17, 2014 ad ID number:	State	Zip
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I, the undersigned Parent or Legal Guardian ofconsent and permission for him to participate in Connecticut Del			do hereby give my
secure, and any medical personnel in attendance to provide, such limited to, hospitalization, injections, anesthesia, surgery, x-ray, be prior to medical treatment.  The above named minor is subject to the following medical problem (If NONE state NONE): Please list any medications, including the security of the state of the security	blood, and medications. I underst ems and/or is receiving treatmen	tand that every reasonable effort sh	nall be made to contact me
Please list any allergies such as medications, food, insect	s, etc or diet restrictions:		
Neither DeMolay International, nor the jurisdiction of Connecticu responsible for any and all costs of medical treatment incurred by My family health insurance carrier and policy number are as	or on behalf of the above named		derstand that we will be
Insurance Company Policy Number(s	(2		
	3)	Policy Holder's Name	
I, the undersigned Parent or Legal Guardian, AND the undersigned edicts of the International Supreme Council, DeMolay Internation that either should be removed or asked to leave any DeMolay actitake the necessary action to cause the transportation of the violato We hereby agree to release and hold harmless the International Sumembers together with the Executive Officer, staff members, and action which arise out of attendance at the aforesaid event, including the EVENT OF AN EMERGENCY, AND THE UNDERSIGNATION OR GUARDIAN HEREBY AUTHORIZE THE FOLL Name:	d Youth (legal minor), do hereby all and its duly authorized repressivity for violation of the same, the or from the activity site at the expapreme Council, DeMolay International Advisors of the jurisdiction of Council transportation to and from sagned PARENT OR LEGAL GOOWING PERSON TO ACT ON	y agree that we will abide by the S entatives. We agree that, if in opin at the undersigned Parent or Legal bense of the undersigned Parent or lational, the Grand Master of DeM Connecticut DeMolay, from any an id event.  UARDIAN CANNOT BE REACH THEIR BEHALF	ion of any DeMolay Advis Guardian will immediately Legal Guardian. olay International, and its d all claims or causes of IED, THE UNDERSIGNE
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Name:	Phone:				
Address:					
Medical Insurance Policy No.:					
Insurance Company:Name of Insured:					
Name of mourea.					
In case of emergency while I am at C. Name:	- / -				
Address:					
City:	State:	Zip:			
City:Relationship to participant:					
Are you a vegetarian?			YES		NO
Any pre-existing injuries (ankles, kn	iees, back, etc)	<b></b>	140		
that might be aggre	avated by this event?		YES		NO
Taking any current medications?			YES	<u> </u>	NO
Any heart problems or heart medicati	ion?		YES	<u> </u>	NO
Do you have high blood pressure?			YES		NO
Do you have any allergies (food, bees	s, insects), reactions	_		_	
to medications or physical li			YES		NO
Do you foresee any problem participa		_		_	
activities due to lack of phy			YES		NO
Please indicate any health history/pr		azen YMCA st	aff should	l be awai	re of:
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