

MEDICAL RELEASE FORM

(REQUIRED FOR ALL ACTIVE DEMOLAYS AND SWEETHEARTS)

* * HEALTH HISTORY * *

The advisor acting as chaperon for this special event on behalf of the Arizona State Association should be aware that the participant has experienced health problems with the following (Please check all that apply):

____ Participant has no known health problems

____ Sinus Trouble ____ Frequent Colds ____ Ear Trouble ____ Diabetes
____ Appendicitis ____ Throat Infection ____ Heart Disease ____ Convulsions
____ Cramps in Water ____ Epileptic Seizures ____ Other _____

* * INSURANCE INFORMATION * *

Realizing that DeMolay provides SECONDARY health insurance on each participant, please provide the following information:

Name of Insurance Company Insurance Policy Number

* * PARENTAL PERMISSION * *

NAME OF PARTICIPANT: _____
(Please Print or Type Full Name)

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the staff of Arizona DeMolay to enter the above named person in a hospital of their choosing. They may also obtain medical treatment by a physician, if, in their opinion, the above named person requires medical attention. I also realize that the participant will be engaged in strenuous outdoor activities and other physical activities related to this authorized event. To the best of my knowledge, there is no reason why the above person should not be allowed to participate in these type of activities.

In consideration of Arizona DeMolay accepting this registration, I shall indemnify and hold Arizona DeMolay harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses, and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with participant's attendance at this activity (as indicated on reverse side of this form).

In case of an emergency, I may be contacted at:

Area Code () Telephone # _____ (Home)

Area Code () Telephone # _____ (Work)

Parent or Guardian's Signature _____ Date _____

(Please Print Name)