West Virginia Mountaineer DeMolay Association

Consent & Release Form
Winterfest 2018 -- March 2-4, 2018

I am a/an (please check one):   O ACTIVE DEMOLAY   O DEMOLAY ADVISOR   O YOUTH GUEST   O ADULT GUEST

Participant's Name: _____   Age: _____   Date of Birth: _____

Address: _____   Phone Number: _____

Chapter: _____   Jurisdiction: _____

PARTICIPANT'S CONSENT & INDEMNIFICATION
(REQUIRED BY ALL PARTICIPANTS)

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules and regulations of this event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense. In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold the West Virginia Mountaineer DeMolay Association, DeMolay International, all affiliated organizations, and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses, and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this event.

I understand that the West Virginia Mountaineer DeMolay Association and DeMolay International maintain a zero-tolerance policy for the possession or use of alcohol, illegal drugs, or pornographic material by any participant, as well as the underage possession or use of tobacco products (including electronic cigarettes and vapor devices) at any and all DeMolay events; and that any kind or form of bullying or hazing is strictly prohibited. Failure to comply will result in immediate removal from this event and disciplinary action in accordance with Article 14 Section 314.12 of the Rules and Regulations of DeMolay International. Furthermore, I understand that my room or quarters may be entered into and personal effects searched, if it is deemed necessary by the DeMolay Staff.

Participant's Signature: _____   **Date:** _____

Parent's Signature: _____   **Date:** _____

MEDICAL HISTORY
(REQUIRED BY ALL PARTICIPANTS)

The DeMolay Staff must be made aware of the following:

List any/all current medications: _____

List any/all allergies: _____

List any/all medical conditions: _____

Name of Medical Insurance Provider: _____   Group Policy/ID Number: _____

Name of Insured: _____   Account Number: _____

Name of Physician: _____   Phone Number: _____

DeMolay International maintains medical insurance coverage for accidental injury subject to a maximum of ten-thousand dollars ($10,000.00), which is subject to a one-hundred dollar ($100.00) deductible. Such coverage is not a substitute for any family medical insurance coverage. The participants family coverage (if any) is considered to be PRIMARY COVERAGE with DeMolay International's coverage being SECONDARY.

Participant's Name: _____ Age: _____ Date of Birth: _____

MEDICAL RELEASE
(REQUIRED BY ALL MINOR PARTICIPANTS/UNDER 18 YEARS OF AGE)

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to obtain medical attention or treatment by a physician, if in their opinion, the participant named above needs medical treatment. They may also enter the participant named above into a hospital of their choosing, if necessary. I understand that the DeMolay Staff will contact the individual named below immediately or within a reasonable period of time, should a medical emergency arise. I realize that participants attending this event may be engaged in indoor and/or outdoor activities and other physical activities related to this event. To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in this event and its activities.

Parent's Signature: _____ **Date:** _____

Emergency Contact: _____ **Relationship:** _____

Address: _____ **Phone Number:** _____

PARENTAL PERMISSION
(REQUIRED BY ALL MINOR PARTICIPANTS/UNDER 18 YEARS OF AGE)

As the parent or legal guardian of the participant named above, I hereby give my permission for him/her to attend and participate in this DeMolay event and its activities. I also agree, upon notification from the DeMolay Staff, to pick up the participant named above, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from this event and its site. In addition, I agree on behalf of the participant named above, that his/her room or quarters may be entered into and personal effects searched if it is deemed necessary by the DeMolay Staff.

Furthermore, I grant the West Virginia Mountaineer DeMolay Association, DeMolay International, and all Affiliated Organizations the right to take photographs (still or video) of the participant named above during DeMolay activities and to use such photographs with or without the participant's name for any lawful purpose including, but not limited to publicity, illustration, advertising, and web content. I authorize DeMolay, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

Furthermore, on behalf of myself and the participant named above (ward/minor), I hereby RELEASE, WAIVE AND FOREVER DISCHARGE, INDEMNIFY, AND HOLD HARMLESS the West Virginia Mountaineer DeMolay Association, DeMolay International, all Affiliated Organizations, and its officers, directors, employees, parents, subsidiaries, agents, etc, from any and all claims, liabilities, causes of action, damages, demands, judgments, executions, liens and costs whatsoever, in law and equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against the West Virginia Mountaineer DeMolay Association, DeMolay International, all Affiliated Organizations, and its officers, directors, employees, parents, subsidiaries, agents, etc for obtaining emergency medical services for the participant named above pursuant to this authorization.

Parent's Signature: _____ **Date:** _____

Parent's Name: _____