

Michigan DeMolay Jurisdictional MEDICAL HISTORY AND RELEASE FORM

NAME : _____

ADDRESS: _____

Phone Number _____

*** PARTICIPANT'S INDEMNIFICATION ***

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 DeMolay 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 participant, I shall indemnify and hold Michigan DeMolay, 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 DeMolay event.

PARTICIPANT'S SIGNATURE: _____ **DATE** _____

*** HEALTH HISTORY ***

The DeMolay Staff should be aware that this participant has experienced health problems with the following

___ Appendicitis ___ Ear Trouble ___ Frequent Colds ___ Rheumatic Fever ___ Convulsions
___ Epileptic Seizures ___ Heart Trouble ___ Sinus Trouble ___ Cramps in Water ___ Fainting ___ Hernia
___ Throat Infection ___ Diabetes ___ Other _____

Name of Medical Insurance Family Physician: _____

Company _____ Address: _____

Medical Insurance Policy City: _____ State ___ Zip _____

Number _____ Phone # _____

***** INCLUDE A PHOTOCOPY OF THE INSURANCE CARD *****

IN CASE OF EMERGENCY, CONTACT :

Name: _____

Phone No: Day : _____ - _____ Night: _____ - _____

Address: _____

City: _____ State ___ Zip _____

*** PARENTAL PERMISSION & MEDICAL RELEASE ***

(Required For All Participants Under 21 Years of Age)

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. they may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that DeMolay members attending this event may be engaged in indoor and 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 the DeMolay activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that he/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this participant, I shall indemnify and hold Michigan DeMolay, 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 the above named participant's attendance at this DeMolay event.

OTHER INFORMATION: (none to be written if none) _____

PARENT or LEGAL GUARDIAN

(SIGNATURE) _____ DATE: _____

ADVISOR (SIGNATURE) _____ DATE: _____