DEMOLAY IOWA
MEDICAL HISTORY AND RELEASE FORM

EVENT: _____

NAME OF PARTICIPANT: _____ CHAPTER: _____

ADDRESS: _____ CITY: _____ PH: _____

PARTICIPANT'S INDEMNIFICATION (REQUIRED BY ALL PARTICIPATANTS)

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 shall indemnify and hold Iowa DeMolay, the International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff 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 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 ☐ Diabetes ☐ Other: _____

FAMILY PHYSICIAN: _____

ADDRESS: _____ CITY, ST: _____ PH: _____

MEDICAL INSURANCE COMPANY: _____ POLICY: _____

IN CASE OF EMERGENCY

NAME: _____ DAY PH: _____

ADDRESS: _____ CITY, ST: _____ NIGHT PH: _____

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 herby 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 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 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 his/her room may be entered if it is deemed necessary by the DeMolay Staff. In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold IOWA DeMolay, the International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless 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.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ DATE: _____