

All-Star 2021

Registration Procedures:

All participants must register on the appropriate form **before** the registration deadline.

General:

All youth attendees must be a member or candidate of DeMolay

All youth (under 21) must fill out a Medical Release Form and have signed by an adult guardian

Checks should be from local Chapter and payable to Iowa DeMolay

Registration Due by October 4th, 2021

Send typed or printed registration, complete payment, and medical release form to:

James Cox
2120 Fieldcrest Ln
Ely, IA 52227

Registration may be submitted via email if payment & medical form is sent by October 4th, 2021 deadline

11jcox@gmail.com

Please contact Brad Reichardt with any late registrations

Emergency Contact #'s

Brad Reichardt	Executive Officer	Cell: (515) 669-2032	reichardt.brad@gmail.com
James Cox	Event Director	Cell: (319) 540-2635	11jcox@gmail.com

All-Star 2021 October 30-31, 2021

Schedule Subject to Change

Saturday October 30

Start Time	End Time	Event	DeMolay Location	Rainbow Location
12:00 PM	12:30 PM	Arrival & Registration (Changing if desired)	Scottish Rite Classroom	Masonic Temple Lodge Room
12:30 PM	2:30 PM	Ritual Competition	Scottish Rite Classroom	Masonic Temple Lodge Room
2:30 PM	3:30 PM	Changing into DeMolay/Rainbow Casual	Scottish Rite	Masonic Temple
3:30 PM	4:00 PM	Travel to Super Skate		
4:00 PM	6:00 PM	Super Skate - Roller Skating		Super Skate
6:00 PM	6:30 PM	Travel to Scottish Rite		
6:30 PM	8:00 PM	Dinner		Scottish Rite Dining Room
8:00 PM	10:30 PM	Dance		Scottish Rite Dining Room
10:30 PM	11:00 PM	Travel to Hotel		Hampton Inn & Suites (CR North)
12:00 AM		Lights Out		

Sunday October 31

Start Time	End Time	Event	DeMolay Location	Rainbow Location
8:00 AM		Buildings unlocked for set up	Scottish Rite Classroom	Masonic Temple Lodge Room
9:00 AM	11:00 AM	Initiation	Scottish Rite Classroom	Masonic Temple Lodge Room
11:00 AM	UTC	Awards Brunch		Scottish Rite Dining Room
		Safe Travels Home		

Cedar Rapids Scottish Rite/Masonic Temple

616 A Ave NE Cedar Rapids, IA 52401

Super Skate

5100 Northland Ave NE Cedar Rapids, IA 52402

Hotel - Hampton Inn & Suites (CR North)

1130 Park PI NE, Cedar Rapids, IA 52402

Dad Cox (Event Director)

(319) 540-2635

Dad Freel (Altoona)

(515) 771-9687

Dad Allen (Cedar Rapids)

(319) 654-5660

All-Star 2021
Iowa DeMolay
October 30-31, 2021
Cedar Rapids, IA

Chapter/Assembly		
Advisor Name		
Advisor Phone		
Advisor Email		

	First Name	Last Name	Age	Member	Candidate	Advisor	Guest	Event Cost	T-Shirt Size	Medical Release
	PLEASE PRINT	PLEASE PRINT		CHOOSE CLASS						YES/NO
1				M	C	A	G	\$60		
2				M	C	A	G	\$60		
3				M	C	A	G	\$60		
4				M	C	A	G	\$60		
5				M	C	A	G	\$60		
6				M	C	A	G	\$60		
7				M	C	A	G	\$60		
8				M	C	A	G	\$60		
9				M	C	A	G	\$60		
10				M	C	A	G	\$60		
11				M	C	A	G	\$60		
12				M	C	A	G	\$60		
13				M	C	A	G	\$60		
14				M	C	A	G	\$60		
15				M	C	A	G	\$60		
16				M	C	A	G	\$60		
17				M	C	A	G	\$60		
18				M	C	A	G	\$60		
19				M	C	A	G	\$60		
20				M	C	A	G	\$60		

Standard Registration due by October 4th, 2021
 Make Checks Payable to "Iowa DeMolay"
 Send money and medical release forms to James Cox, 2120 Fieldcrest Ln, Ely, IA 52227
 Registration forms may be emailed to 11jcox@gmail.com

**IOWA DEMOLAY
MEDICAL HISTORY AND RELEASE FORM**

All-Star 2021

NAME OF PARTICIPANT: _____ CHAPTER: _____

ADDRESS: _____ CITY: _____ PH: _____

*** PARTICIPANT'S 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 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 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 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 ___ Throat Infection ___ Diabetes Other _____ Name
of Medical Insurance Family Physician: _____ Company
_____ Address: _____ Medical Insurance
Policy City: _____ State ___ Zip _____ Number _____
Phone # _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Phone No: Day: AC _____ - _____
Address: _____ Night: AC _____ - _____
City: _____ State ___ Zip _____ Cell: AC _____ - _____

*** 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 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 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 the above named participant's attendance at this DeMolay event.

PARENT or LEGAL GUARDIAN
(SIGNATURE) _____ DATE: _____

ADVISOR
(SIGNATURE) _____ DATE: _____

Super Skate Release,

Waiver of Liability and Assumption of Risk

SUPERSKATE PARTICIPANT AGREEMENT, INDEMNIFICATION, GENERAL RELEASE AND ASSUMPTION (PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT, YOU ARE GIVING UP YOUR AND/OR YOUR MINOR'S LEGAL RIGHTS)

In consideration of being allowed to participate in the services and activities, including, but not limited to, roller skating, and snack bar access and any other amusement activities (collectively "ACTIVITIES"), provided by Super Skate and its agents, owners, officers, directors, principals, volunteers, participants, clients, customers, invitees, employees, independent contractors, insurers, facility operators, land and/or premises owners, and any and all other persons and entities acting in any capacity on its behalf (collectively SUPER SKATE). I, on behalf of myself, and/or on behalf of my minor child(ren)/ward(s), hereby agree to forever release, indemnify and discharge SUPER SKATE on behalf of myself, my spouse, legal partner, my children, my parents, my guardians, heirs, assigns, personal representatives and estate, and all other persons and entities who could in any way represent me or act on my behalf as follows:

(1) RELEASE OF LIABILITY: Despite all known and unknown risks, I hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge SUPER SKATE and agree to hold it harmless of and from all, and all manner of action and actions or omission(s), cause and cause of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties covenants, contracts, controversies, agreement, promises, variances, trespasses, damages, judgments, executions, claims and demands whatsoever, in law or in equity, including, but not limited to, any and all claims which allege negligent acts and/or omissions committed by SUPER SKATE, whether the action arises out of any damage, loss, personal injury, or death to me or my child(ren)/ward(s), while participating in or as a result of participating in any of the ACTIVITIES.

This Release of Liability is effective and valid regardless of whether the damage, loss or death is a result of any act or omission on the part of SUPER SKATE (2) INDEMNIFICATION: I hereby agree to indemnify and hold harmless from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by SUPER SKATE, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments SUPER SKATE, incurs in the event that I or my minor child(ren)/ward(s) cause any injury, damage and/or harm to SUPER SKATE and/or any and all other persons and entities acting in any capacity on behalf of SUPER SKATE.

(3) ATTORNEYS' FEES: I promise to indemnify SUPER SKATE for any attorneys' fees and/or costs incurred to enforce this agreement, including all costs associated with any collection efforts. Further, should any debt and/or judgment accrue in favor of SUPER SKATE, prejudgment and post-judgment interest shall accrue thereon at a rate of 18% per annum.

(4) PHOTO RELEASE: By entering SUPER SKATE, and participating in the ACTIVITIES, I hereby grant SUPER SKATE, on behalf of myself and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me or my child(ren)/ward(s) in connection with SUPER SKATE, and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or Recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

Initial Here _____

Super Skate Release,

Waiver of Liability and Assumption of Risk

(5) TERMS OF AGREEMENT: I understand that this agreement extends forever into the future and will have full force and legal effect each and every time I or my child(ren)/ ward(s) visit SUPE SKATEE, whether at the current location or any other location or facility.

VENUE/ARBITRATION: In the event a lawsuit is filed against SUPER SKATE, I agree to the sole and exclusive venue of the Linn County. I further agree that the substantive law of Iowa shall apply without regard to any conflict of law rules. I also agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect. Any controversy between the parties hereto involving any claim arising out of or relating to a breach of this agreement shall be submitted to and be settled by final and binding arbitration in Linn County, Iowa, in accordance with the then current Commercial Arbitration Rules of the American Arbitration Association.

By signing this document, I understand that I may be found by a court of law to have forever waived my and my child (ren)/ward(s) right to maintain any action against SUPER SKATE, on the basis of any claim from which I have released SUPER SKATE, and any released party herein. I have had a reasonable and sufficient opportunity to read and understand this entire document and consult with legal counsel, or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all terms and conditions set forth herein. We reserve the right to review your license and other forms of ID to verify identity and age.

PLEASE COMPLETE ALL FIELDS BELOW

Signature (Parent or Guardian) _____ DATE _____

Parent Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Parent / Guardian Driver's License Number _____

Skater #1 _____ Date of Birth _____

Skater #2 _____ Date of Birth _____

Skater #3 _____ Date of Birth _____

Skater #4 _____ Date of Birth _____

Skater #5 _____ Date of Birth _____

Skater #6 _____ Date of Birth _____

Skater #7 _____ Date of Birth _____

Skater #8 _____ Date of Birth _____