

**Grand Masters Class 2025**  
**Honoring Most Worshipful Brother A.J. Brown**

Start	End	Event	Location	Dress
8:30 AM	10:00 AM	Registration	DeMolay Office	
9:00 AM	10:00 AM	Iowa DeMolay Foundation Board Meeting	DSR 33° Room	Coat & Tie
9:00 AM	10:00 AM	Candidate Orientation, Set Up & Rehearsal	Auditorium	Coat & Tie
10:00 AM	12:00 PM	Induction Ceremonies	Auditorium	Coat & Tie
12:00 PM	1:00 PM	Lunch & Foundation Scholarship Announcement	Tapestry Room	Coat & Tie
1:00 PM	1:30PM	Change		
1:30 PM	2:00PM	Travel to Event	Breakout Games	
2:00PM	UTC	Escape Room with Rainbow	Urbandale	Casual/Recreational

**Des Moines Scottish Rite: 519 Park St, Des Moines, IA 50309**

**Breakout Games: 3763 86th St, Urbandale, IA 50322**

Dad Myers (Event Lead) 563-468-1171

Dad Swallow (BlackHawk) 319-230-0221

Dad Delzel (James A Guest) 319-572-7651

Dad Freel (Altoona) 515-771-9687

Dad Todd (Cedar Rapids) 319-329-4325



**DEMOLAY IOWA  
MEDICAL HISTORY AND RELEASE FORM**

**\*Grand Masters Class 2025\***

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: \_\_\_\_\_