KENTUCKY DEMOLAY ACTIVITY PARTICIPATION FORM

PARTICIPANT'S INDEMNIFICATION

REQUIRED FOR ALL PARTICIPANTS

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations, remembering that the future welfare of the Order of DeMolay is in my hands; and to follow all of the rules and regulations for this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense or, if an adult, asked to leave.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Kentucky DeMolay, DeMolay International, 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

REQUIRED FOR ALL PARTICIPANTS

The DeMolay Staff should be aware that this participant has experienced health problems with the following *(Use back of form for further explanation, if necessary)*:

__ **Participant has no health problems** __ Appendicitis __ Asthma __ Convulsions __ Cramps in Water

__ Diabetes __ Ear Trouble __ Epileptic Seizures __ Fainting __ Frequent Colds __ Heart Trouble

__ Hernia __ Motion Sickness __ Respiratory Trouble __ Rheumatic Fever __ Sinus Trouble __ Throat Infection

__ Allergies, Medications, Other (Use back, if necessary): _____

_____

_____

Name of Medical Insurance Company _____

Medical Insurance Policy Number _____

Name of Family Physician: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____

In case of an emergency, contact:

Name: _____

Address: _____

City _____

State: _____ Zip: _____

Contact's Phone Information:

Daytime Phone: (____) _____

Nighttime Phone: (____) _____

Cell Phone: (____) _____

PARENTAL PERMISSION & MEDICAL RELEASE

REQUIRED FOR ALL PARTICIPANTS UNDER THE AGE OF 18

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. This designation is made in accordance with the provisions of 45CFR 164.502(g)(1), and as such authorizes the attending physician to provide DeMolay Staff with all rights that I possess in and to the named participant's medical and other protected health information under the Health Insurance Portability and Accountability Act of 1966 ("HIPAA").

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 activities of this DeMolay event.

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 his/her room may be entered for inspection by no fewer than two DeMolay advisors, if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Kentucky DeMolay, DeMolay International, 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/ LEGAL GUARDIAN'S SIGNATURE: _____ *DATE:* _____

REVIEWED & ACCEPTED--ADVISOR'S SIGNATURE: _____ *DATE:* _____