



# MEDICAL HISTORY AND RELEASE FORM

VALID FROM JANUARY 1, 2012 TO DECEMBER 31, 2012

For Office Use Only: Org: [ D Sq C J R ] Adv Mem Guest

Participant: \_\_\_\_\_ Chapter: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**\* 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 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 Illinois 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 a DeMolay event.

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* HEALTH HISTORY \***

*The DeMolay Staff should be aware that this participant is currently:*

Taking the following prescription medications: \_\_\_\_\_

List any allergies or other medical conditions of which we need to be aware \_\_\_\_\_

LAST TETANUS UPDATE: \_\_\_\_\_ MEDIC ALERT: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Company (Employer): \_\_\_\_\_ Address: \_\_\_\_\_

Medical Insurance Group Policy #: \_\_\_\_\_ City, St. & Zip: \_\_\_\_\_

Individual Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

Name: \_\_\_\_\_ Phone # (Day): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # (Night): \_\_\_\_\_

**\* PARENTAL PERMISSION, MEDICAL & PHOTO 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 participants attending a DeMolay event may be engaged in indoor and outdoor activities and other physical activities related DeMolay events.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in any of 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 a 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.

On behalf of myself and my ward/minor, I hereby RELEASE, WAIVE AND FOREVER DISCHARGE INDEMNIFY AND HOLD HARMLESS, DeMolay, DeMolay International, all Affiliated Organizations and its officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against DeMolay, DeMolay International, all Affiliated Organizations and its officers, directors, employees, parents and subsidiaries, agents for obtaining medical emergency services for said DeMolay member pursuant to this authorization.

I grant Illinois DeMolay, DeMolay International, all Affiliated Organizations the right to take photographs (still or video) of the participant during DeMolay activities and use such photographs with our without participants name for any lawful purposes including but not limited to publicity, illustration, advertising, and web content. I authorize DeMolay, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

(SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT or LEGAL GUARDIAN

State of: IL \_\_\_\_\_ County of: \_\_\_\_\_

Signed before me on \_\_\_\_\_, 2011. \_\_\_\_\_

Notary Public

