

CONCLAVE MEDICAL RELEASE FORM

Please complete both sides of this form.

Participant: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip _____

Home Telephone: () _____ - _____

Other Numbers: () _____ - _____ Cell Work

() _____ - _____ Cell Work

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Health History

The Conclave Staff should be aware that the participant has experienced health problems with the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Epileptic Seizures | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Cramps in Water | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hernia | <input type="checkbox"/> Throat Infection |
| <input type="checkbox"/> Diabetes | | | |
| <input type="checkbox"/> Other: | | | |

Allergies:

Current Medications:

Insurance Information

DeMolay provides only SECONDARY health insurance on each participant; please indicate your family insurance and policy number:

 Name of Insurance Carrier

 Policy Number

Parental Permission

Required if participant is less than 18 years of age.

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the staff of Massachusetts DeMolay to enter the above named person in a hospital of their choosing. They may also obtain medical treatment by a physician, if, in their opinion, the above person needs medical attention. I also realize that the DeMolays attending the Conclave will be engaged in strenuous activities and other physical activities related to the Conclave program. To the best of my knowledge, there is no reason why the above named person should not be allowed to participate in the activities of the Conclave.

I also agree, upon notification from the Conclave Director or his designee, to pick up the above named person, if in the opinion of the Conclave Director it is necessary that he be removed from the site of the Conclave. I understand that the participant may be asked to leave and that no reason is required for such action. In addition, I agree on behalf of the above named person that their room may be entered and searched if it is deemed necessary by the Conclave Director, and the search shall be conducted by two members of staff.

In consideration of Massachusetts DeMolay accepting this registration, I shall indemnify and hold harmless Massachusetts DeMolay, Nichols College, their agents and designees from and against 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 participant's attendance at Conclave.

Name of Parent or Guardian: _____

In case of emergency, I can be reached at the following number: _____

Parent or Guardian Signature: _____ Date: _____

Participant's Indemnification

I hereby promise to conduct myself in a reasonable manner and abide by the DeMolay rules and regulations, remembering that the future welfare of DeMolay in Massachusetts is in my hands and to follow all Conclave rules and regulations. If I do not, I will be subject to being returned home immediately at my own expense.

In consideration of Massachusetts DeMolay accepting this registration, I shall indemnify and hold harmless Massachusetts DeMolay, Nichols College, their agents and designees from and against 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 participant's attendance at Conclave.

Participant's Signature: _____ Date: _____