



Squires of The Round Table

MASSACHUSETTS SQUIRES - RELEASE AND CONSENT FORM MASSACHUSETTS DEMOLAY

Date ___/___/_____

Manor Name _____

1. The undersigned Parent or Legal Guardian of, do hereby give my consent and permission for him to participate in any authorized Squires activity. I agree to all activities and events of any duly chartered Manor, of the Jurisdiction of Massachusetts, including any activities or events at the State or Jurisdictional Level; WITH THE FOLLOWING EXCEPTIONS: (State on line below, if NONE, write NONE). If necessary additional information, by reference thereto, may be stated on the backside.

2. In the event of injury or illness to the above named minor, I, the undersigned Parent or Guardian, hereby authorize any adult Squires Advisor in attendance to secure, any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present; including, but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications. I understand that every possible effort shall be made to contact me prior to medical treatment.

3. The above named minor is subject to the following medical problems, and or is receiving treatment under the supervision of proper medical authorities as follows: (State on line below, if NONE, write NONE). If necessary additional information, by reference thereto, may be stated on the backside.

4. Realizing DeMolay International and the Jurisdiction of Massachusetts, Order of DeMolay, provides SECONDARY health insurance on each registered participant, the name of, and policy number of my family's insurance carrier is as follows:

Name of Insurance Company

Health Insurance Policy Number

Family Doctor _____ Phone _____

5. I, the undersigned Parent or Legal Guardian, AND the undersigned youth (legal minor), do agree that we will abide by the Statutes, Rules, Regulations, and edicts of the Massachusetts DeMolay Association's Squires Program, and its duly authorized representatives. We agree that if in the opinion of any Squires Advisor that if either of us should be removed or asked to leave any Squires activity for violation of the same, that the undersigned Parent or Legal Guardian will immediately take the necessary



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action to cause the transportation of the violator from the activity site at the expense of the undersigned Parent or Legal Guardian.

6. We hereby agree to release and hold harmless the International Supreme Council, Order of DeMolay, The Grand Master of DeMolay International, and its members together with the Executive Officer, staff member, and Advisors of Massachusetts Jurisdiction, Order of DeMolay, Massachusetts DeMolay Squires Program, and Advisors of Massachusetts DeMolay Squires from any and all claims or cause of action which the undersigned has or may have. This specifically includes any and all plans which arise out of the attendance at the above event, including transportation to and from said event.

7. IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR LEGAL GUARDIAN CANNOT BE REACHED, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN HEREBY AUTHORIZES THE FOLLOWING PERSON TO ACT ON THEIR BEHALF.

NAME:	PHONE:	CELL:
ADDRESS:	CITY:	STATE:
RELATIONSHIP:		

8. Parent or legal guardian- Please provide the following information about yourself:

NAME:	PHONE:	CELL:
ADDRESS:	CITY:	STATE:
RELATIONSHIP:		

9. If youth's address is different than that of the Parent or legal guardian, Please state on line below. (If SAME, write SAME)

NAME:	PHONE:	CELL:
ADDRESS:	CITY:	STATE:
RELATIONSHIP:		

Signature of Parent or Legal Guardian