

DeMolay Leaders of New Jersey Conduct Agreement and Consent

(To be completed by all participants.)

Name of Participant (Print): _____ Date-of-Birth: _____

Status: Active DeMolay Advisor Parent Sweetheart Senior DeMolay Other

Address: _____

City: _____ State: _____ ZIP Code: _____

I hereby agree to abide by the By-Laws, Rules, Regulations and directives of DeMolay International, DeMolay Leaders of New Jersey and its members, advisors and officers (herein collectively referred to as "DeMolay"). I agree that if in the opinion of any DeMolay advisor, I should be removed or asked to leave this, or any other DeMolay event or activity, I (or my parent or legal guardian, if I am under eighteen (18) years of age), will be obligated to make arrangements to transport me immediately from the site of the event to my residence of record at my own expense (or that of my parent or legal guardian, if I am under eighteen (18) years of age), I will not be entitled to refund for any monies paid for the event or activity, and I may be subject to further disciplinary measures by DeMolay. I further understand that DeMolay may take photographs of attendees at its events for potential use on its websites, in the press, in marketing materials and other DeMolay resources. Video and audio recordings may be made for the same purposes. Attendance at DeMolay events constitutes consent to the foregoing, including DeMolay's use and distribution of my image and likeness.

Signature of Participant: _____ Date: _____

Name of Emergency Contact Person: _____ Relationship: _____

Emergency Contact Number: (_____) _____ Cellular Home Work Other

(If Participant is under eighteen (18) years of age, the signature below of a parent/legal guardian is also required to this conduct agreement and consent.)

I agree, on behalf of my son/daughter who is under eighteen (18) years of age (hereinafter referred to as "Minor Participant"), that he/she shall abide by the Rules, Regulations and directives of DeMolay International, DeMolay Leaders of New Jersey and its members, advisors and officers (herein collectively referred to as "DeMolay"). On behalf of Minor Participant, I agree that, if in the opinion of any DeMolay advisor, he/she should be removed or asked to leave an event or activity, I will be obligated to make arrangements to transport him/her immediately from the site of the event or activity to my residence of record at my expense, I will not be entitled to refund for any monies paid for the event or activity, and my son/daughter may be subject to further disciplinary measures by DeMolay. I further understand that DeMolay may take photographs of attendees at this event for potential use on its websites, in the press, in marketing materials and other DeMolay resources. Video and audio recordings may be made for the same purposes. Attendance at DeMolay events constitutes consent on behalf of my son/daughter to the foregoing, including DeMolay's use and distribution of his/her image and likeness.

Name of Parent/Legal Guardian (Print): _____

Signature: _____ Date: _____

Relationship to Minor Participant: _____

DeMolay Leaders of New Jersey Medical History and Release Form

*This medical history and release form is required for all minor participant's.
A "minor participant" is a participant under eighteen (18) years of age.*

Identification of Minor Participant

Name of Minor Participant (Print): _____ His/her Date-of-Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

The above-named participant is subject to the following medical problems, known allergies and medications:

NONE **AS FOLLOWS:** _____

(If additional space is required, please attach a separate sheet.)

Medical Insurance Information

NOTICE: DeMolay International, DeMolay Leaders of New Jersey and its members, advisors and officers (herein collectively referred to as "DeMolay") does **NOT** provide medical insurance for participants in the events they sponsor. It is expected that the parent/guardian of each minor participant will be responsible for any and all injuries and medical bills incurred during any DeMolay event.

Insurance Company: _____ Type of Policy: HMO POP POS

Policy Number: _____ Contract Number: _____

Consent and Release

I, undersigned parent/legal guardian of the above-identified minor, do hereby give my consent and permission for him/her to participate in all activities and events conducted by DeMolay International, DeMolay Leaders of New Jersey and its members, advisors and officers (herein collectively referred to as "DeMolay"). I agree to release and hold harmless DeMolay from any and all claims of cause of action, which the undersigned has or may have. In the event of injury or illness to the above-named minor, I hereby authorize any adult DeMolay advisor in attendance to secure reasonable medical attention on my behalf, to provide instructions to any medical professional who may treat my son/daughter, and to give consent on my behalf to emergency treatments as deemed necessary by those present including, but not limited to, hospitalization, injections, anesthesia, surgery, diagnostic radiology, blood transfusion and medications. I understand that reasonable efforts shall be made to contact me at immediately following injury or illness and prior to medical treatment.

Name of Parent/Legal Guardian (Print): _____ Relationship: _____

Signature: _____ Date: _____