

**ILLINOIS DEMOLAY**  
**MEDICAL HISTORY AND RELEASE FORM**  
**FALLFEST - NOVEMBER 25 / 27th, 2005**

LOCAL D R J C  
NAME OF PARTICIPANT: \_\_\_\_\_ ORGANIZATION \_\_\_\_\_ PH \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL: \_\_\_\_\_

**\* 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, 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 event.

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

**\* HEALTH HISTORY \***

The DeMolay Staff should be aware that this participant IS:

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

2. Allergic to the following medications: \_\_\_\_\_

3. LAST TETANUS UPDATE: \_\_\_\_\_

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

**Company** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Medical Insurance Policy:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Number** \_\_\_\_\_ **Phone #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***IN CASE OF EMERGENCY, CONTACT :***

**Name:** \_\_\_\_\_ **Phone No: Day : AC** \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ **Night: AC** \_\_\_\_\_ - \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**\* PARENTAL PERMISSION & MEDICAL 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 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 event 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 this event. In addition, I agree on behalf of the above named participant, that he/her room may be entered if it is deemed necessary by the DeMolay Staff.

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, 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 event.

*PARENT or LEGAL GUARDIAN*

*(SIGNATURE)* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*ADVISOR (SIGNATURE)* \_\_\_\_\_ *DATE:* \_\_\_\_\_