



Youth Name: \_\_\_\_\_

## Parental Consent / Medical Release Form

Parent(s)/Guardian(s) name: \_\_\_\_\_

I understand that The Pacific Northwest DeMolay Leadership Conference (PNW DLC) is a youth camp for the purpose of teaching leadership skills, whereby the young men are housed together with other young men of similar age, and engage in supervised sporting activities, teaching opportunities, and various team building exercises intended to simulate the operation of a typical DeMolay Chapter. My son is expected to conduct himself in accordance with appropriate DeMolay standards during his time at the PNW DLC.

I agree to be available to be contacted at any time during camp if necessary. I understand that should my child be required to leave camp for disciplinary reasons, I am responsible for my child's transportation. In case of accident or illness, I give my permission for a member of the Conference Staff or a DeMolay Advisor to seek medical attention deemed necessary at the time, for my child. I acknowledge that neither DeMolay International nor PNW DLC maintains any medical insurance and that I will be responsible for all medical costs. I will indemnify and hold DeMolay harmless for the costs of medical care regardless of whether such care may later be considered unnecessary. I have completed the information below, and realize it will be used only as outlined above. This form expires on August 1, 2016

Should the need arise, during the PNW DLC I/we can be reached at: \_\_\_\_\_

If I cannot be reached, I authorize the following person to act on my behalf: **(must be filled out)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I further agree to release and hold harmless DeMolay International and PNW DLC and its agents from any and all claims or causes of action which may arise out of my child's travel to and from, participation in, and attendance at PNW DLC. I have read the conditions of attendance and I hereby approve of the attendance of my child at PNW DLC. My child may participate in all activities except: \_\_\_\_\_

Insurance Company Name:	Policy Number(s):
Policy Holder's Name:	Signature of Parent/Legal Guardian and Today's Date:
Allergies / Medical Conditions (medications taken):	

### Must Be Signed By Attendee and Witnessed by A Parent/Legal Guardian:

I agree that while on my way to, in attendance at, and while returning from DLC I will follow the rules of the PNW DLC, and conduct myself in a manner consistent with the high standards of DeMolay. I will not bring anything to Camp that is inappropriate for the event. If my conduct violates DeMolay's rules, jeopardizes my safety or the safety of others, or distracts others from enjoying the event, I may be sent home at my own expense with a forfeiture of all fees, at the sole discretion of the Conference Director. If this occurs, an Advisor from my Chapter and my Parent/Guardian will be informed immediately. Further disciplinary action may be considered by the Executive Officer and the Chapter Advisory Council.

\_\_\_\_\_  
DeMolay's Signature

\_\_\_\_\_  
Parent/Legal Guardian's Signature