



# VIRGINIA STATE ASSOCIATION Consent and Release Form

**TO BE COMPLETED FOR EACH DEMOLAY PLANNING TO ATTEND A VA STATE ACTIVITY. AN ADVISOR MUST BRING THIS FORM TO THE ACTIVITY.**

1. I hereby consent and give permission for my son (ward) \_\_\_\_\_ to participate in and/or attend a Virginia State Association activity. I also give my permission for my son (ward) to ride in an automobile, van, or other means of transportation driven by an adult DeMolay Advisor.

2. In the event of an injury to my son (ward), I hereby authorize an adult DeMolay Advisor to secure, and any physician in attendance to provide, such emergency medical care and treatment as shall be deemed necessary by those present. This authorization may be exercised after reasonable efforts have been made to contact the parents or legal guardian of the person named above. If appropriate, our family physician \_\_\_\_\_ (phone) \_\_\_\_\_ may also be contacted.

KNOWN ALLERGIES \_\_\_\_\_  
\_\_\_\_\_

3. I agree that I will be responsible for payment of the costs incurred in providing such medical care and/or treatment as may be needed. My family health insurance carrier and policy number are as follows:

Insurance Company: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Name of policyholder (if different than yours): \_\_\_\_\_

4. I hereby agree to release and hold harmless \_\_\_\_\_ Chapter Order of DeMolay, the DeMolay Advisors of said DeMolay Chapter, the International Supreme Council, DeMolay International, and its officers and representatives, from any and all claims which may arise out of my son's (ward's) participation in or attendance at a DeMolay activity, including during transportation to and from said activity.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of youth (legal minor) \_\_\_\_\_ Date \_\_\_\_\_