

**MAINE DeMOLAY  
MEDICAL HISTORY AND RELEASE FORM**

**NAME OF PARTICIPANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARTICIPANT'S INDEMNIFICATION  
(REQUIRED OF ALL PARTICIPANTS)**

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations, remembering that the future welfare of the Order of DeMolay is in my hands, and to follow all of the rules and regulations for ALL DeMolay events which I participate in. 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 the International Supreme Council of the Order of DeMolay, all affiliated organizations, and the Maine DeMolay staff harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses, and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at a DeMolay event.

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

**HEALTH HISTORY**

The DeMolay staff should be aware that this participant has experienced health problems with the following:

Appendicitis\_\_\_ Ear Trouble\_\_\_ Frequent Colds\_\_\_ Rheumatic fever \_\_\_ Convulsions\_\_\_ Hernia\_\_\_ Diabetes\_\_\_

Epileptic Seizures\_\_\_ Heart trouble\_\_\_ Sinus trouble\_\_\_ Cramps in water\_\_\_ Fainting\_\_\_ Throat infection\_\_\_

Other\_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**PARENTAL PERMISSION, MEDICAL RELEASE AND PHOTO RELEASE  
(for all under 18 years of age)**

As the parent or Legal Guardian of the participant names 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 treatment by a physician, if in their opinion; the above named participant needs medical attention or treatment. I also realize that DeMolay members attending events 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 DeMolay activities.

I also agree, upon notification of the DeMolay staff, to pick up the above named participant, if, in the opinion of the DeMolay staff, it is necessary that he be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that his room may be entered if it is deemed necessary by the DeMolay staff.

As the parent or Legal Guardian of the participant names above, I hereby give my permission for DeMolay have my child's likeness on DeMolay literature and social media.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold the International Supreme Council of the Order of DeMolay, all Affiliated Organizations, and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connections with the above named participant's attendance at a DeMolay event.

**PARENT OR LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_