

# MISSOURI SQUIRES - RELEASE AND CONSENT FORM

## Jurisdiction of Missouri

Date: \_\_\_\_\_

Organization \_\_\_\_\_  
(Squires Manor)

1. The undersigned Parent or Legal Guardian of \_\_\_\_\_, do hereby give my consent and permission for him to participate in any authorized Squires activity. I agree to all activities and events of any duly chartered Manor, of the Jurisdiction of Missouri, including any activities or events conducted at the State or Jurisdictional level; WITH THE FOLLOWING EXCEPTIONS: (State on line below, if NONE, write NONE). If necessary additional information, by reference thereto, may be stated on the backside.

2. In event of injury or illness to the above named minor, I, the undersigned Parent or Guardian, hereby authorize any adult Squires Advisor in attendance to secure, any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present; including, but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood and medications. I understand that every possible effort shall be made to contact me prior to medical treatment.

3. The above named minor is subject to the following medical problems, and or is receiving treatment under the supervision of proper medical authorities as follows: (State on line below, if NONE, write NONE) If necessary additional information, by reference thereto, may be stated on the backside of this form

4. Realizing DeMolay International and the Jurisdiction of Missouri, Order of DeMolay, provides SECONDARY health insurance on each registered participant, the name of, and policy number of my family's insurance carrier are as follows:

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Health Insurance Policy Number

Family Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

5. I, the undersigned Parent or Legal Guardian, AND the undersigned youth (legal minor), do hereby agree that we will abide by the Statues, Rules, Regulations, and edicts of the Missouri DeMolay Squires Program, and its duly authorized representatives. We agree that if in the opinion of any Squires Advisor that if either of us should be removed or asked to leave any Squires activity for violation of the same, that the undersigned Parent or Legal Guardian will immediately take the necessary action to cause the transportation of the violator from the activity site at the expense of the undersigned Parent or Legal Guardian.

6. We hereby agree to release, hold harmless and indemnify the International Supreme Council of the Order of DeMolay, DeMolay International, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff member, and Advisors of Missouri Jurisdiction, Order of DeMolay, Missouri Squires Program, and Advisors of Missouri Squires from any and all claims or cause of action for personal injury, property damage and all other damages, which the undersigned has or may have, regardless of any negligence or fault on the part of said person or persons. This specifically includes any and all plans which arise out of the attendance at the above event, including transportation to and from said event.

7. IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR LEGAL GUARDIAN CANNOT BE REACHED, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN HEREBY AUTHORIZE THE FOLLOWING PERSON TO ACT ON THEIR BEHALF:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Parent or Legal Guardian - Please provide the following information about yourself:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

9. If youth's address is different than Parent of Legal Guardian, please state on line below. (If SAME, write SAME)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Youth (Legal Minor)