

HEARTLAND RITUAL TOURNAMENT
MEDICAL HISTORY AND RELEASE FORM
HEARTLAND TOURNAMENT OF CHAMPIONS

NAME OF PARTICIPANT: _____ CHAPTER: _____

ADDRESS: _____ CITY: _____

PH: () _____ T-Shirt size (adult size) Sm Med Large X-Large 2X 3X 4X 5X

*** PARTICIPANT'S INDEMNIFICATION ***

(REQUIRED BY ALL PARTICIPANTS)

I hereby promise to conduct myself in a responsible manner and abide by the De Molay rules and regulations; and to follow all of the rules and regulations of this DeMolay 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 Indiana 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 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
 Epileptic Seizures Heart Trouble Sinus Trouble Cramps in Water Fainting Hernia
 Throat Infection Diabetes Other _____

Name of Medical Insurance _____ Family Physician: _____

Company _____ Address: _____

Medical Insurance Policy _____ City: _____ State _____ Zip _____

Number _____ Phone # _____

*****PLEASE INCLUDE A PHOTOCOPY OF THE INSURANCE CARD*****

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 DeMolay members 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 DeMolay 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 DeMolay 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 Indiana 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 DeMolay event.

PARENT or LEGAL GUARDIAN

(SIGNATURE) _____ ***DATE:*** _____

ADVISOR (SIGNATURE) _____ ***DATE:*** _____