



PERMISSION & MEDICAL/MEDIA RELEASE

Required for all Youth and Adult participants

Name of Participant: _____

Name of Parent/Legal Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Alternate Phone: _____

As the Parent or Legal Guardian of the Participant named above, or as a Participant (if 19 years of age or older) I hereby give my permission to the Masonic Youth Leadership Conference to be held in September, 2017 (hereinafter "Conference") to admit the Participant into a hospital if Conference staff determines that hospitalization of the Participant is required. The Conference may also obtain medical attention or treatment by a physician if, the Conference staff determines the Participant requires medical attention or treatment. I understand that should a major medical problem arise, that the Conference will attempt to contact me by phone. In the event I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary, including X-ray examinations and anesthesia, to be rendered to said minor child, by a licensed physician or physicians.

I also consent to the use or disclosure of protected health care information by the treating facility or any other medical care provider or facility for the purpose of analyzing, diagnosing, and providing treatment to said Participant, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original.

I authorize my insurance benefits to be paid directly to the entity providing such health care. I assume full responsibility for and agree to pay for all services rendered or to be rendered to the Participant. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the provider of health care has taken action in reliance on this consent.

I also agree, upon notification by the Conference, to pick up the Participant if, in the sole opinion of the Conference or its staff, it is necessary that the Participant be removed from the site of the Conference. In addition, I agree on behalf of the Participant, that his or her room may be entered at any time by Conference Staff if it is deemed necessary by the Conference.

In consideration of the Conference and its representatives accepting this Registration, the undersigned on behalf of the Participant or as a Participant agrees to indemnify and hold the Grand Lodge of Nebraska and its subordinate lodges; the Grand Lodge of Nebraska Youth Committee; the Nebraska Grand Chapter Order of the Eastern Star and its subordinate chapters; the Nebraska Masonic Youth Foundation; Job's Daughters International; the International Order of the Rainbow for Girls; DeMolay International and all affiliated organizations of the same; the representatives and staff of the Conference; and any and all sponsors of the Conference and their affiliated organizations, 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 the Participant's attendance and participation in the Conference.

MEDIA RELEASE

I grant permission to the Grand Lodge of Nebraska and its subordinates to use the Participant's name and/or photographs or videos for use in print publications and other print media, and electronic media, including, but not limited to, the use of online social media and web sites.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph or video productions.

I hereby agree to release, defend, and hold harmless the Grand Lodge of Nebraska and its subordinates, members, officers and agents, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs or video productions, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

This authorization shall be valid for travel and dates of the conference, September 22 through September 25, 2017.

I certify that I, as either the Participant or the Parent of the Participant, as indicated below. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

PRINTED NAME OF PARTICIPANT: _____

Signature _____
Parent or Legal Guardian, if Participant is 18 years of age or younger

Date _____

Signature _____
Participant, if 19 years of age or older

Date _____