

PLEASE COMPLETE THIS FORM AND RETURN WITH REGISTRATION. THIS FORM IS REQUIRED FOR ALL MINORS; HOWEVER, IT IS OPTIONAL FOR ADULT PARTICIPANTS.

CONSENT AND AUTHORIZATION

I am the (parent) (guardian) of the following participant:

Name _____

Complete Address _____

Telephone _____ Birth Date _____ Age _____

Doubletree Hotel, Williamsburg, VA, the site of events to be held June 26-June 28,, 2020.

MEDICAL/DENTAL AUTHORIZATION

I authorize any adult agent to the International Order of the Rainbow for Girls ("IORG") or any activity/program sponsored by IORG to stand in my place and stead to administer emergency treatment to, and to obtain ambulance, medical, hospital and/or dental care for participant during the activity and associated travel – all at my expense and on my account.

I authorize any person licensed to practice medicine or dentistry to provide respectively, medical or dental care for participant at my expense and on my account

MEDICAL INFORMATION

I have been informed as to the nature of the activity, and the degree of physical stress involved, if any, and consider participant to be in good health and able to participate safely in the planned activities.

Participant has no limitations, no need for medication or special diet and no allergies other than as stated below: (Specify all limitations, diet, medications and allergies of the participant.)

Medications _____

Special Diet _____

Limitations _____

Allergies _____

INDEMNITY AND RELEASE

In consideration of the benefits to me and the participant and the time and expense to be incurred by the IORG and/or IORG sponsored activity and/or agents of either or both, I (a) agree to hold harmless and indemnify as to any claim or cause of action of participant, participant's parents, guardians, heirs or any of them, and (b) release and agree to release IORG sponsored activity, all agents of either or both and each of them, from any and all liability claims, loss, injury, costs, damages and/or attorney's fees arising directly or indirectly, in whole or part, out of the activity, associated private transportation or any emergency treatment or medical or dental care provided the participant, including but no limited to any claim or cause of action for negligence of IORG sponsored activity, agents of either or both, and /or owners or operators of such private vehicles, or any or all of them.

DATE _____ SIGNATURE _____

HOME PHONE _____ WORK/CELL PHONE _____

PLEASE ATTACH MEDICAL INSURANCE FORM OR COPY OF MEDICAL OR IDENTIFICATION CARD FOR PROVISION OF MEDICAL SERVICES.

FOR ADULT PARTICIPANTS ONLY

I respectfully decline to provide information to the Grand Assembly of VA

Date _____ Signature of adult _____.