

MOOSE YOUTH AWARENESS PROGRAM
2017 - 2018 ASSOCIATION CONGRESS CONSENT FORM

I, the undersigned parent/guardian of _____ (“my child”), a minor, hereby give my consent for him/her to attend the Moose Youth Awareness Congress at _____ on _____, 20__.

In consideration for my child being allowed to participate in this event, I hereby authorize the provision of all necessary emergency (as defined by local and national medical standards) medical care to my child (including medical, dental and/or surgical) and attach a current, valid copy of my medical insurance card to this agreement.

I agree that neither Moose International, Inc., the _____ Moose Association (“Association”), nor _____ Lodge No. _____, Loyal Order of Moose, Inc. (“Lodge”) shall have any financial responsibility for the emergency medical care provided to my child. I also agree to fully defend, indemnify and hold harmless the Lodge, the Association and Moose International, their respective agents, volunteers, employees, directors, officers, successors and assigns from and against any and all losses, damages, claims and causes of action brought by or on behalf of my child, with the exception of losses arising from their sole gross negligence. I further agree this agreement shall be binding upon my heirs, successors and assigns.

REGISTRATION INFORMATION

Student’s Name: _____ **DOB** _____ / _____ / _____

Gender (at birth): Male Female **Gender Student Identifies As:** Male Female
(if different than birth gender)

Class of 20 _____ **Student’s Cell Phone** (_____) _____

Student Email: _____

Student Address: _____

City: _____ **State/Province** _____ **Zip:** _____

Parent/Guardian Name(s): _____

Address if different from student: _____

City: _____ **State/Province** _____ **Zip:** _____

Mother’s Phone: (_____) _____ **Email:** _____

Father’s Phone : (_____) _____ **Email:** _____

School Name: _____ **School Phone:** _____

Address: _____

City: _____ **State/Province:** _____ **Zip:** _____

PUBLICITY RELEASE

Moose International may use my name and photograph in publicity concerning the 2017-2018 Youth Awareness Program.

Signature of Student Representative

Dated this _____ day of _____, 20__.

Parent/Guardian signature

Parent/Guardian signature

FOOD LIMITATIONS

Please list any foods your child will **not** be able to eat due to allergic reactions or religious beliefs, while at the Youth Awareness Congress.

Please provide alternative suggestions so lodges and other program hosts have time to make alternate arrangements.

FOOD CAN NOT EAT	REASON	ACCEPTABLE ALTERNATIVES

THANK YOU for taking the time to provide us with your child's detailed medical information. We want to team up with you to do all we can to ensure their safety every step of the way!