

MOOSE YOUTH AWARENESS PROGRAM

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 (state you're in) _____ Moose Association (“Association”), nor

(name of Moose Lodge) _____ 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: _____ Sex (circle one) Male Female
DOB _____

Class of _____ Student's Phone _____ Student's email _____

Student Address: _____ City: _____

State/Province _____ Zip: _____

Parent/Guardian Name(s): _____

Address if different from student: _____ City: _____

State/Province _____ Zip: _____ Parent Phone: _____

Parent Email: _____ School Name: _____

School Phone: _____ Address: _____

City: _____ State/Province: _____ Zip: _____

PUBLICITY RELEASE

Moose International may use my child's name and photograph in publicity concerning the Moose Youth Awareness Program.

Signature of Student Representative: _____

Dated this: _____ day of _____, 20_____.

Signature of Parent or Guardian

Signature of Parent or Guardian