

# 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