

GIRLS

TRANSPORTATION RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE

CALIFORNIA GRAND ASSEMBLY 2017

TO: The Supreme Deputy for Nevada and Members of Nevada Grand Assembly, IORG

As the parent(s)/legal guardian(s) of _____, (who may be a minor), a member of _____ Assembly # __, we hereby:

- **grant permission for our daughter to travel** to/from and during California Grand Assembly 2017 Sessions which will be held in Fresno, CA. The travel dates are from Friday, April 7, 2017 through Tuesday, April 11, 2017.

We agree to and understand the following arrangements:

- The driver of any vehicle in which my daughter will travel will be an adult, appointed by the Supreme Deputy in Nevada or her designee for this purpose, must carry no less than the minimum amount of liability insurance mandated by law and must possess a current, valid driver's license.
- Transportation on this trip is NOT limited to the geographic confines of the State of Nevada.
- **appoint, authorize and direct Mrs. Heidi Haartz**, the Supreme Deputy for Nevada Grand Assembly of the International Order of the Rainbow for Girls, or her designee, to act in loco parentis for our daughter in the event she may require **immediate medical treatment** for any injury, illness or condition arising, manifesting itself or becoming symptomatic during the course of California Grand Assembly 2017 Sessions.

The Supreme Deputy, or her duly appointed designee, shall have full authority and discretion to secure any and all medical treatment, ambulance or hospitalization which, in the discretion of the Supreme Deputy or her designee, is reasonably necessary to protect the health, safety or well being of our daughter until the undersigned can be contacted and is in a position to make such decisions directly.

In consideration for receiving the benefit of attending these California Grand Assembly Sessions, we hereby release the Supreme Deputy or any designee appointed by her, the International Order of the Rainbow for Girls, the Assembly, the Masonic Fraternity, and any sponsoring body or affiliates thereof from any and all responsibility, liability or fault which may arise as a result of any exercise of discretion with respect to the provision of travel and/or health care to our daughter which is authorized by this agreement. Furthermore, we agree to be fully and solely responsible for payment or reimbursement of any medical charges or expenses incurred on behalf of our daughter and further agree to indemnify and hold harmless those released herein from any claim, demand or action which may be initiated against said parties for the recovery of such medical expenses, including any legal fees or expenses incurred in defending against such claims.

Our daughter has the following known allergies: _____

Our daughter will be taking these prescribed medications during this period of time:

Our daughter may be given appropriate amounts of these non-prescription medications, ie., aspirin:

Dated this ___ day of _____, 2017 _____
(Printed Name of Parent/Legal Guardian)

(Daytime) (Evening) _____
(Phone numbers where parent/legal guardian can reached during Grand Assembly)

(Address where parent/legal guardian can be reached during California Grand Assembly)

(Name/Phone number of alternate person to contact if I cannot be reached first)

MUST BE SIGNED AND IN THE SUPREME DEPUTY'S or her designee's POSSESSION AT ALL TIMES