

**International Order of the Rainbow for Girls  
Nevada Grand Assembly**



**ADULT VOLUNTEER TRANSPORTATION RELEASE  
AND AUTHORIZATION FOR MEDICAL TREATMENT**

**THIS FORM MUST BE EXECUTED IN DUPLICATE FOR EACH EVENT THAT REQUIRES TRAVEL,  
AND MUST REMAIN IN THE POSSESSION OF THE SUPREME OFFICER OR HER DESIGNEE (Mother  
Advisor or Acting Mother Advisor) FOR THE DURATION OF TRAVEL.**

I, \_\_\_\_\_ ("Volunteer") appoint, authorize and direct the Supreme Officer for Nevada Grand Assembly or her designee (collectively "Supreme Officer") for Nevada Grand Assembly, as agent to authorize, on my behalf, emergency medical/surgical treatment, including hospitalization, in the event I am unable to do so and which, in the opinion of any licensed physician, surgeon or hospital, is reasonably required or necessary for my treatment or care. Any physician, surgeon or hospital is authorized to rely upon any authorization for treatment signed by the above designated agent to the same extent as if executed personally by me. This Release and Authorization shall be in effect for travel to \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_ ("Event").  
(City/State of Event) (Date of Event) (Name of Event)

In consideration for receiving the benefit of this travel, the Volunteer hereby releases Nevada Grand Assembly, the Supreme Officer, all members and volunteers of Nevada Grand Assembly, the International Order of the Rainbow for Girls, all Assemblies of Nevada Grand 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 of the Volunteer which is authorized by this agreement. Additionally, the Volunteer does agree to be fully and solely responsible for payment or reimbursement of any medical charges or expenses incurred on behalf of the Volunteer and further agrees to indemnify and hold harmless those released herein from any claim, demand or action which may be initiated by any 3<sup>rd</sup> party, individual, organization or entity, against aforementioned parties for the recovery of such medical expenses, including any legal fees or expenses incurred in defending against such claims.

The Volunteer has the following known allergies: \_\_\_\_\_.

The Volunteer's regular primary care doctor and contact information is:

\_\_\_\_\_.

The Volunteer has active medical insurance coverage with the following medical insurance carrier:

Carrier Name: \_\_\_\_\_ Carrier Telephone Number: \_\_\_\_\_

Group ID: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name and contact information for Volunteer's emergency contact:

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature