

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



**YOUTH PARTICIPANT 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.**

As the parent/legal guardian(s) of \_\_\_\_\_ (“Participant”), associated with  
(Participant Name)  
\_\_\_\_\_, I/we hereby grant permission for Participant to travel to  
(Assembly Name) Assembly# \_\_\_\_\_,  
\_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_ (“Event”).  
(City/State of Event) (Date of Event) (Name of Event)

**As the parent/legal guardian(s) of Participant (“Undersigned”), I/we agree to and understand the following:**  
The driver of any vehicle in which the Participant will travel will be an adult, appointed by the Supreme Officer or her designee (collectively “Supreme Officer”) for the purpose of providing transportation for the Event. All travel, included in this authorization and release will be limited to the geographic confines of the State of Nevada. The Undersigned acknowledged that all adults providing transportation are required to carry no less than the minimum amount of liability insurance mandated by law, are required to observe all state and federal laws and must possess a current, valid driver’s license.

The Undersigned, authorize and direct the Supreme Officer for Nevada Grand Assembly of the International Order of the Rainbow for Girls to act in the interest of the Participant, 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 travel for the above referenced Event. The Supreme Officer shall have full authority and discretion to secure any and all medical treatment, ambulance or hospitalization, which is believed to be reasonably necessary, to protect the health, safety or wellbeing of the Participant until the Undersigned can be contacted and is in a position to make such decisions directly.

In consideration for receiving the benefit of this travel, the Undersigned 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 Participant which is authorized by this agreement. Additionally, the Undersigned does agree to be fully and solely responsible for payment or reimbursement of any medical charges or expenses incurred on behalf of the Participant 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 Participant has the following known allergies: \_\_\_\_\_

The Participant has permission to take these prescribed medications during the period of travel to the Event:

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The Participant has the Undersigned’s consent to be administered appropriate amounts non-prescription medications (i.e. Tylenol or ibuprofen) with the following exceptions (list only what the Participant MAY NOT be administered): \_\_\_\_\_

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

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

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

Best contact information for Participant's Parent/Legal Guardian during THIS travel event:

\_\_\_\_\_

Name and contact information for Participant's emergency contact (other than Parent/Legal Guardian) during THIS travel event:

\_\_\_\_\_

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

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Contact Phone Number

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

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Contact Phone Number