

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



**PARTICIPANT INFORMATION FORM  
2025**

*Incorporates Code of Conduct for Members, Media Release, Transportation Release within  
Geographic Area, and Authorization for Medical Treatment*

*THIS FORM MUST BE COMPLETED ANNUALLY*

Member (or Participant) Information

Member's Full Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Grade in School: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: Home - (\_\_\_\_) \_\_\_\_\_ Cell - (\_\_\_\_) \_\_\_\_\_

Parents/Legal Guardians Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Ph: C \_\_\_\_\_ H \_\_\_\_\_ Other \_\_\_\_\_ Ph: C \_\_\_\_\_ H \_\_\_\_\_ Other \_\_\_\_\_

Members' Code of Conduct

I have read the Code of Conduct for Members, and I agree to abide by these general guidelines. I understand that if my behavior at any Nevada Grand Assembly sponsored function does not meet these standards, I must leave the activity immediately, regardless of the location of the function or where I live. My Parents/Legal Guardians and I understand that we will be responsible for transportation costs for my return home and that we will not be entitled to any refunds based on prepaid expenses.

Signature of Member: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Consent to Participate

As the Parents/Legal Guardians of the Member, referred to hereafter as "Participant", permission is granted to participate as a member of \_\_\_\_\_ Assembly # \_\_\_\_, located in \_\_\_\_\_, Nevada. This consent acknowledges acceptance of the Code of Conduct for Members, Media Release, Transportation Release within the Assembly's geographic area, and Authorization for Medical Treatment.

Additionally, the Parents/Legal Guardians hereby release Nevada Grand Assembly, the Presiding Supreme Officer (Supreme Deputy), all members and volunteers of Nevada Grand Assembly and 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.

Signature of Parents/Legal Guardians: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parents/Legal Guardians: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

In the event of an emergency, please contact:

Parents/Legal Guardians Names:	Telephone Number(s):	Contact in this order:

In the event the Parents/Legal Guardians listed above cannot be contacted, please contact the following adults, who are authorized to pick up and assume care for the member:

Additional Contact Names:	Telephone Number(s):	Relationship to Member:

Media Release (choose one)

- Parents/Legal Guardians consents that photos, images and/or voicing posed for and/or appeared in may be used by the International Order of the Rainbow for Girls (IORG), Nevada Grand Assembly, or its assignees, successors, representatives, or designees in whatever way the desire, including print and electronic media. Furthermore, it is acknowledged that such photographs, films, recordings, plates, and tapes are property of IORG and/or Nevada Grand Assembly, and it shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as it may desire, free and clear of any claim whatsoever on my part.
- Parents/Legal Guardians does NOT consent for any media of the Participant to be used in any publication.

NV IORG (Girls') Newsletter (choose one)

- Parents/Legal Guardian agree that the Participant may receive the electronic NV IORG Newsletter at the email address provided above, Member (Participant) Information.
- Parents/Legal Guardian do NOT agree to allow the Participant to receive the electronic NV IORG Newsletter.

Transportation Release (select all that apply)

The Parents/Legal Guardians of the Participant agree to and understands the following:

The driver of any vehicle in which the Participant will travel will be an adult, unless expressly noted below, and the driver adhere to the Driver License and Vehicle Policy, which requires that those providing transportation carry at least the minimum amount of liability insurance mandated by Nevada law, observe all state and federal laws pertaining to operating a motor vehicle, and possess a current, valid driver's license. The full policy may be viewed at: [www.nviorg.org](http://www.nviorg.org).

- Parent/Legal Guardians have disclosed a limitation on travel on the Confidential Caregiver Form.
- Participant may be transported to/from Assembly events within the Assembly's geographic area only by the following Youth Drivers (*licensed drivers over the age of 16*):

\_\_\_\_\_

- Other Provisions: \_\_\_\_\_

Authorization for Medical Care

The Parents/Legal Guardians of the Participant authorizes and directs the Presiding Supreme Officer (Supreme Deputy) for Nevada Grand Assembly of the International Order of the Rainbow for Girls, or their designee, to act in the interest of the Participant, in the event the Participant may require immediate medical treatment for any injury, illness or condition arising, manifesting itself or becoming symptomatic during the attendance at or participation in any Rainbow sponsored event. The Presiding Supreme Officer (Supreme Deputy) or their designee 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 Parents/Legal Guardians can be contacted and are in a position to make such decisions directly.

Additionally, the Parents/Legal Guardians identified 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 agree 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.

Reasonable Accommodations

Nevada Grand Assembly is willing to consider, to the extent possible, reasonable accommodations for Participants with disabilities. Parents/Legal Guardians requesting reasonable accommodations for the Participant will be asked to provide additional information, including but not limited to, proof of diagnosis and identification of accommodation.

As the Parents/Legal Guardians of the Participant, we request consideration for reasonable accommodations due to the following:

- Participant has the following physical limitations: \_\_\_\_\_  
\_\_\_\_\_
- Participant has an Individualized Education Plan (IEP) or other plan
- And, may need similar accommodations during Rainbow sponsored functions
- But, does not require accommodations during Rainbow sponsored functions

Participant Medical Information

*(Check all that apply; if box checked, please explain)*

Participant has the following known allergies:

- Drug/Medication: \_\_\_\_\_
- Food: \_\_\_\_\_
- Insect Stings: \_\_\_\_\_
- Hay Fever: \_\_\_\_\_
- Other: \_\_\_\_\_

Participant has the following chronic/recurring illnesses:

- Asthma: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Seizures/Epilepsy: \_\_\_\_\_
- Heart Condition: \_\_\_\_\_
- Other: \_\_\_\_\_

Member's Name \_\_\_\_\_

Participant has Parents/Legal Guardians 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*):

\_\_\_\_\_  
\_\_\_\_\_

Additionally, Participant has permission to take these prescribed medications: \_\_\_\_\_

\_\_\_\_\_

Participant Medical Insurance Information

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

Carrier Name: \_\_\_\_\_ Carrier Phone Number: (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

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