



Frank Allen Jr.
Executive Officer for Rhode Island
65 Ethan St., Warwick, RI 02888-3905
(401) 785-4224

To the parents and/or legal guardians of members of DeMolay and friends participating in the R I Rock Gym Prospect Event, on March 24, 2007,

I/We the parents of _____ do hereby release Mr. Frank Allen Jr., other chaperones and the Rhode State Council, Order of DeMolay for the responsibility of injuries, illness, hospitalization of said DeMolay Member, or friend in connection with the above mentioned activity.

I/We also agree to carry sufficient medical insurance for my child to be covered for the above situations.

Insurance Carrier _____
Policy Number _____

My Child has the following allergies _____

My Child usually take the following medications _____

_____ and has our permission to take them.

In the event that the adults use some of their own money for my child while at this event, I agree to refund the full amount to that adult within one week's time.

In the event that treatment and/ or hospitalization is required, I agree to authorize Mr. Frank Allen Jr to give permission for treatment if I were unable to be reached.

Signature of Parent or Legal Guardian

Date

Notary Public