



Adult Consent/Release Form

I, _____, hereby release, waive, and absolve the organizations known as the International Order of the Rainbow for Girls, the Grand Assembly of Alabama, and _____ Assembly # _____, I. O. R. G., the Supreme Deputy, Grand Executive Committee, its Chairman, Mother Advisor, Members of the Advisory Board and all assistants and volunteers associated therewith from all suits, claims, demands, damages, actions or causes of action arising or to arise by reason of any injury to myself during any trip, outing, or other event organized and conducted by the above organization(s) and in which the above named person is involved in the period January 1, 2022 to December 31, 2022.

In the event of injury or illness to myself, I nominate, constitute and appoint _____, or their failing, any attending representative of the Advisory Board of _____ Assembly # _____, to secure medical treatment, including hospitalization, injections, anesthesia and surgery for myself should the same be recommended by a qualified medical practitioner, thereby authorizing any of the said persons to sign any consent thereto as fully as I could were I personally able.

I further consent and agree to allow, ratify and confirm whatsoever the representative of the Advisory Board of _____ Assembly # _____, as my attorney, shall lawfully do or cause to be done by virtue of these presents.

Additional General and Necessary Information

Allergies? Yes No

If yes, what?

_____ (Please specify – food, drug, animal, etc.)

Health factors which could affect your care or that of your child? Yes No

If yes, what? (Please be specific)

_ Special medications? Yes No

Please _____ specify

_ Particular fears, if any?

Travel sickness? Yes

No Sometimes Medication required?

Approximate date of last tetanus shot

Name and Phone Number of Personal Physician

Health Insurance

Details of policy

Number and Group Number)

(Policy

Details of policy

Number and Group Number)

(Policy

In case of emergency, you should call:

Name:

Relationship:

Telephone:

I understand that the consents and authorities hereby granted are only revocable prior to or immediately following, but not during, an International Order of the Rainbow for Girls, Grand Assembly of Alabama, or Assembly # sponsored function or event.

Dated this day of , 2022.

(Signature)

Majority Girl/Advisory Board Member Consent/Release

In addition to the above consents and releases which I have read and understand, I agree to abide by the same rules which govern the conduct of other members of the International Order of the Rainbow for Girls, the Grand Assembly of Alabama and Assembly # while participating in or at official Assembly functions and events which may be held from January 01, 2022 to December 31, 2022. I understand and agree that if I violate these rules I will be required to leave the function or event at my own expense.

Dated this day of , 2022.

(Signature)

STATE OF _____,

COUNTY OF _____.

BE IT REMEMBERED, that on this _____ day of _____, 20____ before me, a Notary Public, in and for the County and State aforesaid, came _____, to me personally known to be the same person who executed the foregoing instrument and duly acknowledged the execution of the same. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, the day and year last above written.

Notary Public

My appointment expires: _____