

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

TO: The Mother Advisor and Members of _____ Assembly # _____, IORG.
As the parent(s)/legal guardian(s) of _____, (who may be a minor), a member of _____ Assembly # _____, we hereby: **grant permission for our daughter to travel** to/from _____ which will be held in _____. The approximate dates of travel are from _____ through _____. We agree to and understand the following arrangements:

- The driver of any vehicle in which my daughter will travel will be an adult, appointed by the Mother Advisor or her designee for this purpose, must carry no less than the minimum amount of liability insurance mandated by law and must possess a current, valid driver's license; and
- Our daughter has permission to be transported by another member of the Assembly, even though that member may be under 21 years of age, as long as that driver carries no less than the minimum amount of liability insurance dated by law and possesses a current, valid driver's license: **YES NO** (circle one).
- Transportation on this trip is limited to the geographic confines of the State of Nevada and/or _____.

I appoint, authorize and direct _____, the Mother Advisor of this Assembly of the International Order of the Rainbow for Girls, or her designee, to act in loco parentis for our daughter 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 the above mentioned trip.

The Mother Advisor, or her duly appointed designee, shall have full authority and discretion to secure any and all medical treatment, ambulance or hospitalization which, in the discretion of the Mother Advisor or her designee, is reasonably necessary to protect the health, safety or well being of our daughter until the undersigned can be contacted and is in a position to make such decisions directly.

In consideration for receiving the benefit of attending these activities, we hereby release the Mother Advisor, any designee appointed by her, the International Order of the Rainbow for Girls, the 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 to our daughter which is authorized by this agreement. Furthermore, we agree to be fully and solely responsible for payment or reimbursement of any medical charges or expenses incurred on behalf of our daughter and further agree to indemnify and hold harmless those released herein from any claim, demand or action which may be initiated against said parties for the recovery of such medical expenses, including any legal fees or expenses incurred in defending against such claims.

Our daughter has the following known allergies: _____

Our daughter will be taking these prescribed medications during this period of time:

Our daughter may be given appropriate amounts of these non-prescription medications, ie., aspirin:

(Printed Name of Parent/Legal Guardian) Dated this ____ day of _____, 200____

(Signature of above) (Daytime) (Evening)

Address where parent/legal guardian can be reached during this event Name/Phone number of alternate person to contact if I can not be reached first

MUST BE SIGNED AND IN THE MOTHER ADVISOR'S POSSESSION AT ALL TIMES