

**TRANSPORTATION RELEASE *AND*
AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE
CALIFORNIA GRAND ASSEMBLY 2010**

TO: The Supreme Inspector for Nevada and Members of Nevada Grand 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 and during California Grand Assembly 2010 Sessions which will be held in Fresno, CA. The travel dates are from Friday, March 26, 2010 through Tuesday, March 30, 2010.

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 Supreme Inspector in Nevada 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.
- Transportation on this trip is NOT limited to the geographic confines of the State of Nevada.
- **appoint, authorize and direct Mrs. Joanie Jacka**, the Supreme Inspector for Nevada Grand 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 California Grand Assembly 2010 Sessions.

The Supreme Inspector, 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 Supreme Inspector 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 California Grand Assembly Sessions, we hereby release the Supreme Inspector or 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:

Dated this ____ day of _____, 2010

(Printed Name of Parent/Legal Guardian)

(Daytime) (Evening)

(Phone numbers where parent/legal guardian can be reached during Grand Assembly)

(Signature of above)

(Address where parent/legal guardian can be reached during California Grand Assembly)

(Name/Phone number of alternate person to contact if I can not be reached first)

MUST BE SIGNED AND IN THE SUPREME INSPECTOR'S or her designee's POSSESSION AT ALL TIMES