

**TRANSPORTATION RELEASE *AND*
AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE
NEVADA RAINBOW GIRLS**

TO: The Tour Director for Nevada and Members of Nevada Grand Assembly
International Order of the Rainbow for Girls.

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 Supreme Assembly 2010 Sessions which will be held Omaha, Nebraska with the extended trip going to Sioux Falls, SD and Rapid City, SD. The dates of travel are from Saturday July 31, 2010 through Saturday August 7, 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 Tour Director 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
- **appoint, authorize and direct** Mrs. Kimberlee Butler, the Tour Director 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 the above named event.

The Tour Director, 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 Tour Director 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 the above named event, 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 (i.e. aspirin):

Our personal insurance carrier is: _____ Policy# _____

The name of my daughter's physician is: _____

He/She may be reached at _____
(Phone) (Address)

Dated this ____ day of _____, 2010

Printed Name of Parent/Legal Guardian

Signature of Above

*Daytime AND Evening
phone numbers where parent/legal guardian
can be reached during the above named event*

Address where parent/legal guardian can be reached during above named event

Name/Phone number of alternate person to contact if I cannot be reached first

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