***JOB’S DAUGHTERS INTERNATIONAL***

**Bethel No*.* \_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE AND CONSENT FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form is to be maintained in the applicable Bethel Guardian Council files and reviewed/updated as required annually with the Health Information Form 125A prior to January 5th of each year.**

1. We, the undersigned Parents or Legal Guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Daughter) do hereby give consent and permission for her to participate in approved Job’s Daughters International (JDI) events and activities conducted at the Supreme, Grand and/or Bethel level (“Events”) WITH THE FOLLOWING EXCEPTIONS: (State EXCEPTIONS on the line below:)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. We do hereby authorize the members of Supreme/Grand/Bethel Guardian Councils and/or JDI Certified Adult Volunteers (CAVs) to exercise supervision of our Daughter during the time she is participating in Events in accordance with all current JDI Laws, Policies and the JDI Youth Protection Program.

3. We are fully aware that any Events, including athletic types of activities, have a given amount of inherent risk for injury. In the event of injury or illness to the above named Daughter, we, the undersigned Parents or Legal Guardians, hereby authorize any JDI Certified Adult Volunteer (CAV) in attendance to secure medical assistance from any licensed physician in attendance to provide such emergency treatment as shall be necessary, including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood and medications. We understand that every reasonable effort shall be made to contact us prior to medical treatment.

4. Job’s Daughters International does not maintain medical insurance for its members. We understand that we will be responsible for any and all costs of medical services and treatment(s) incurred by or on behalf of our Daughter. Our current contact information, family health insurance carrier and policy number are listed in her Personal Health Form (Form 125A).

5. We hereby agree to release and hold harmless Job’s Daughters International, Supreme/Grand/Bethel Guardian Councils and applicable CAVs from any and all claims or cause of action which the undersigned has or may have. This specifically includes any and all claims which arise out of attendance at Events, including transportation to and from said Event(s).

6. The above consents and waivers will remain in full force and effect, unless cancelled in writing by the undersigned Parents or Legal Guardians.

7. Our Daughter \_\_\_\_ is \_\_\_\_ is not (check one) age 18 or older or legally responsible for herself under the law.

Father or Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother or Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Daughter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daughter’s Age: \_\_\_\_\_\_\_\_