



Grand Assembly of Texas

International Order of the Rainbow for Girls

All Others (non-Rainbow Girl & non-Adult) Consent and Release Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy ID No./Group No.: \_\_\_\_\_

I hereby give my consent for the above-named individual to engage in the events and activities of the International Order of the Rainbow for Girls and to accompany an Assembly, or other Rainbow group, as a guest of the International Order of the Rainbow for Girls on its trips and activities. This consent is also given for participation in activities of the Grand Assembly of Texas, International Order of the Rainbow for Girls, according to its rules and regulations.

I hereby release and forever hold harmless the International Order of the Rainbow for Girls, the Grand Assembly of Texas, \_\_\_\_\_ Assembly # \_\_\_\_\_ and any adults working with these groups, from all liability incurred, due to accidents, illness, injuries, damages, and losses.

If emergency services involving medical attention or treatment are required, I hereby give my consent for the above-named individual to be given medical care by a licensed doctor and/or hospital selected by the group leader or leaders or emergency medical personnel, if the group leader or leaders are unable to do so.

I hereby state that I am financially responsible for the medical treatment necessary for the health and safety of the above-named individual.

Authorized Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

In case of emergency, please contact: Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please note any special medication information, allergies, or current medications (dosage and frequency). Also note any food allergies and food restrictions or limitations for the above-named individual:

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