



“2023 Catch the Wave Session”

Bethel Cover Letter,
General Information,
Registration Forms,
What to take to Grand Session,
Holy Book Ceremony,
Flag Ceremony,
Ideal Job's Daughter,
Men's Breakfast,
Necrology,
Blast Registration,
Pajama Party,
Competition Forms

Please check your packets. If you didn't receive all the above, please call Melissa Hare
(216)-702-2331 or haremelissa@aol.com.

You are responsible for making all the extra copies for your Bethel!



“Catch the Wave Session”

Enclosed you will find your information for the 2023 Grand Session to be held at:

**Double Tree Hotel
1100 Crocker Road
Westlake, Ohio 44145
(440)-871-6000**

Please take the time to review all the information and review the “Instructional Letter” that is included in this packet. Be sure to fill out all necessary forms correctly. Remember to check all forms for the requested return deadline and address.

PLEASE REMEMBER THE DEADLINE IS May 12, 2023

The Grand Guardian Council will be subsidizing this session to make it affordable for everyone. Breakfast, Lunch and Dinner will be provided on Thursday, Friday and Saturday. Everything is inclusive for the three days. There are different costs for housing if you choose not to room in Quads. Please note the price on your Registration Form. We are excited that everything is under one roof and you do not need to bring anything extra. Rooms have bedding, towels, hair dryer and a mini refrigerator. There is also an indoor and outdoor pool so remember those Jobie appropriate swimsuits.

Form A- Registration Form and includes the mandatory Registration and Facility Fee

PLEASE NOTE THAT BREAKFAST, LUNCH, AND DINNER IS INCLUDED FOR EACH DAY.

PLACES AND TIMES ARE NOTED IN THE SCHEDULE.

*****You must request selection and dietary restrictions on the Registration Form*****

*****No changes will be made at Grand Session!!!*****

Form B- Housing Sheet

Please group your Daughters in quads on the form and any “extra” girls will be added with another Bethel (Please note the Bethel you would like them to be roomed with on the form. If you do not list a Bethel, we will assign them.) Adults, if possible, please room in quads as well. If not possible, please follow the pricing listed on the form and mark who you will be rooming with and which Bethel they are registered with. We will try to combine you with other bethels if that is possible.

Form C- Total Summary for Registration

Form D- Medical Permission Slips for Daughters and Adults

Form E- Media Release for Daughters and Adults

All six (6) forms **MUST** be returned with your Bethel check made out to “**THE GRAND GUARDIAN COUNCIL OF OHIO**”. We advise that you make a copy of the Emergency Form for you to have with you at Grand Session. **PARTIAL PAYMENTS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE BETHEL.**

A late fee of \$50 will be applied for registrations received. We will do our best to accommodate late registrations, but it may not be possible.

Should you misplace any of these forms, they will be available through the Ohio Website.

We look forward to seeing everyone at DoubleTree Hotel, Westlake, Ohio at the “2022-2023 Catch the Wave Session”.

**Arrangements Committee
Melissa Hare, Pat Wolf, Shannon Claytor**

GRAND GUARDIAN COUNCIL OF OHIO
GRAND SESSION- JUNE 21-25, 2023
DoubleTree Hotel
Westlake, OHIO



To the Bethel Daughters, Bethel Guardian Council, Members and Members of the Grand Guardian Council of Ohio:

The “2023 Catch the Wave Session” will be held at the DoubleTree Hotel in Westlake, Ohio, June 21-25, 2023. The Grand Guardian, Associate Grand Guardian and the Arrangements Committee have been making plans for this since last year’s Session and are looking forward to seeing all of you.

Please read the entire packet thoroughly.

Registration: When you arrive at DoubleTree, **ONLY** the person responsible for the **“Packet Pick- up”** should report to the registration desk. All registration will be in the “Front Lobby”. PLEASE check your packet to make sure everything is as registered.

MEALS: Each registered person will have a sticker on their name tag indicating their dietary requirements. It must be worn to receive a meal.

POUCHES: You will be receiving pouches when you check in with the name tag attached. You will be required to wear it at all times and please store your room key in the zipper pouch.

HOUSING: ***will be from Wednesday night to Saturday night ***You can arrive anytime Wednesday after 4:00 pm and receive your room. Please do not switch your assigned room. If you have a problem, please see Melissa Hare. **NO MALES ARE PERMITTED IN THE DAUGHTER’S ROOMS!!!**

DAY PASS—FOR PEOPLE NOT STAYING AT THE RESORT- If you are registered for Session and do not plan to stay at the Hotel, there is a \$40.00 daily fee, which includes all meals, plus a one-time only Registration and Hotel Fee.

MEALS:

*****We will have stickered name tags- that must be worn at all times- determining your dietary requirements- Regular, Gluten Free, Vegetarian, etc. **YOU MUST** request your dietary requirement on the Registration Form. Changes WILL NOT be made at Session! ***** (If you have any other restrictions-please make note of it on the Registration Form.)

SNACKS: Please bring your own snacks, if you purchase something from the front desk and charge it to your room- you will be responsible for the charge.

IDENTIFICATION: Your "Session Badges" **MUST BE WORN AT ALL TIMES.** EVERYONE attending the Session must register with the Arrangements Committee and obtain a "Session Badge" in order to be admitted to Session events. This includes people with day passes.

PHONES: To make calls please use your personal cell phone. Remember Session is a time to catch up with your friends and make new ones that will last you a lifetime. Please refrain from using them when you are with your Sisters.

MEDICAL: We will have a First Aide Responder with us for minor needs. **In case of a serious emergency call 911. It is the responsibility of each individual to pay for medical cost. IT IS NOT THE RESPONSIBILITY OF THE 2021 ARRANGEMENTS COMMITTEE.** Be sure to include a completed Medical Form for each person attending session, however, make a copy for your own use and information and keep it in your possession or give it to the Chaperone in charge.

CHAPERONES: ALL CHAPERONES MUST have gone through and received their CAV (YPP) Training. Anyone who has not completed the course or been approved through Supreme will not be considered a Chaperone. **WE MUST REMIND YOU THAT ALL RULES OF THE CAV TRAINING WILL BE UPHELD.**

CURFEW: Thursday and Saturday are 12:00 am. Due to the pool party, Friday will be 12:30 am.

NO OUTSIDE VISITORS ARE PERMITTED IN THE ROOMS UNLESS GIVEN PERMISSION BY THEIR GUARDIAN WITH THE ARRANGEMENTS COMMITTEE NOTIFIED. NO DAUGHTERS MAY LEAVE THE HOTEL WITHOUT A CAV CHAPERONE.

CONDUCT: Remember that one way to promote our Order is to make a positive impression upon those we meet. BETHEL GUARDIANS, ASSOCIATE BETHEL GUARDIANS, BETHEL COUNCILS- Let your actions speak to what we believe in and reflect the principles of the Order. Everyone is expected to exemplify the ideal public image at all times in order to ensure the high representation and aim of Job's Daughters. REMEMBER Daughters, you are ladies and you should represent yourself in a "Lady Like" manner at all times.

DRESS CODE: The Dress Code is listed below so that all **Daughters and Adults** will be aware what is expected. Chaperones please see that our Dress Code is followed! Please wear proper cover ups when going to and from the swimming pool. Chaperones MUST be with anyone in the pool.

ALL REHEARSALS, EVENING ACTIVITIES, SATURDAY ACTIVITY & DANCE:

FEMALES & MALES: Casual wear, but NO short shorts, cut-offs, halters, or midriffs. Modesty is the key. If you are observed in violation of this rule, you will be asked to return to your room to change clothes. FOOTWEAR MUST BE WORN AT ALL TIMES.

FORMAL OPENING, FORMAL BANQUET, GRAND BETHEL INSTALLATION, GRAND GUARDIAN COUNCIL INSTALLATION:

FEMALES: Long dress, short dressy dresses, formal wear or business wear

MALES: Formal Tux or Suits, sport coats and slacks

Others participating in the various ceremonies should wear appropriate formal attire.

NO HIGH SLITS OR LOW CUTS- LADIES, YOU KNOW THE RULES!

GRAND BETHEL & GGC MEETINGS:

FEMALES: Daytime dress or skirt and blouse, UNLESS A MEMBER OF GRAND BETHEL

MALES: Slacks with sports shirt

COUNCIL LUNCHEON:

2020-2021 Grand Officers: As per the request of the VGG and VAGG

Council Members: See "ALL REHEARSALS"

CHECK OUT TIME IS 11:00 am.

COMPETITIONS: The entry forms, rules and regulations for the various competitions are included with this mailing. Please note whom the chairman of each competition is and that the entries are to be mailed to the chairman. NOT the Arrangements Committee. Make as many copies of the entry forms as you need. All entry forms are due to the chairman NO LATER THAN JUNE 1, 2023.

DEADLINES: Please make sure you honor the deadlines as stated in this packet!
Deadlines for all Registration Forms and Competitions are JUNE 1, 2021.

Checks are to be made payable to:
THE GRAND GUARDIAN COUNCIL OF OHIO
PARTIAL PAYMENTS WILL NOT BE ACCEPTED

Registration forms are mailed to:
Mrs. Melissa Hare
4180 Wooster Road
Rocky River, Ohio 44116
haremelissa@aol.com

THERE WILL BE A LATE FEE OF \$50 FOR ALL REGISTRATIONS POSTMARKED AFTER May 12, 2023.

REMEMBER ANY AND ALL COST FOR NOT MEETING DEADLINES OR CHANGES DUE TO LATE REGISTRATION OF EITHER LODGING OR BANQUETS WILL BE PASSED ON TO THE BETHEL.

Looking forward to seeing every Bethel at Grand Session!!!

Amy Young
Grand Guardian 2022-2023

Bruce Hare
Associate Grand Guardian 2022-2023



Miss Charlotte Guesman
Grand Bethel Honored Queen 2022-2023



What to take to GRAND SESSION

1. **DUES CARDS** (This is needed for Grand Bethel Meeting)
2. **BEDDING** (Bedding and towels will be provided) INCLUDES: 2 towels, washcloth, sheet set, blanket, pillow and pillowcase. You may still bring your own blanket.
3. **TOILETRIES** Toothbrush/toothpaste, shampoo, conditioner, hair accessories (Brush & comb, curling iron, clips, hair spray, etc.) make-up, deodorant, soap, razor/shaving cream, a “shower caddy” to take them to the bathroom will come in handy.
4. **MISCELLANEOUS** Alarm clock, PJs/night clothes, bathrobe, pantyhose, CLEAN UNDERCLOTHING, jewelry, camera/film, tennis shoes, bathing suit, shoes for your different outfits. **REMEMBER:** There will be a Saturday Activity, so bring comfy clothes and shoes to play in.
5. **GRAND OFFICERS** Bring Grand Officer dress/tux and your business attire. Please remember there will be times when you will need evening/day and casual attire as you will not be acting in your “Official Capacity”.
6. **DAYTIME DRESSES AND/OR SKIRTS AND BLOUSES** (As needed- keep in mind the dress code)
7. **DRESSY DRESS OR FORMALS** (You will be attending 3 formal meetings.)
ALL Grand Bethel Officers, Choir or Grand Bethel Representatives **MUST** bring your Grand Bethel Dress to wear for Opening Ceremony and Grand Bethel Installation.

If you are a Grand Bethel Delegate or Alternate, a formal dress (per Grand Regulations) is to be worn at the Grand Bethel Installation.
8. **CASUAL WEAR** (To be worn in the dorms and/or Saturday Activity)
We **DO NOT** approve of you wearing your pajama bottoms out in public!
9. **EXTRA MONEY** (To cover any items not covered by your registration fee)
Should you want to eat other than what is provided, you **MUST** pay out of pocket.
There will be “Selling Items” that you can buy, should you choose to.
10. **CONTESTS** If you are entering any contests, be sure to bring your entries!
If you need to bring any special props, or wear anything special for Talent/Bethel talent, Dance or Vocal, **DON'T FORGET WHAT YOU NEED.**
11. **GRAND BETHEL OFFICERS, CHOIR and REPS** Don't forget your Official Dress, Sash, and Medallion (If you haven't already turn it in)
12. **FLAG BEARER**
*Official Regalia and Flag
13. **RITUAL CONTEST**
*Official Regalia

***OFFICIAL REGALIA** consists of: ROBE (cleaned and pressed, properly hemmed and cord attached correctly (NO PINS) (check the ritual for proper dimensions), WHITE SLIP, WHITE HOSE, WHITE SHOES/SLIPPERS, and HEAD BAND.

14.**FOOD**

You may bring any snacks you would like to share with your Bethel or any special food you can keep in your room.

There are refrigerators in the rooms.

The above listed items are a “suggested” packing list just to give you some ideas what to bring. Some of the items, however, are required; others are optional. There are some stores in the area should you forget something essential but try to plan so that you won’t have to ask your chaperones to make any unnecessary trips.

REMEMBER: While you are packing, do not include any short-shorts, crop tops or cut offs. THINK APPROPRIATE, THINK JOB’S DAUGHTERS!!!





HOLY BOOK CEREMONY

Please submit the name of the Fall AND Spring Chaplains that would be able to participate in the Holy Book Ceremony at Grand Session. If you did not have a Fall or Spring Chaplain, any Daughter can participate. If each Daughter can bring their Holy Book or borrow one, they will be displayed during the Ceremony.

Fall Chaplain: _____ Bethel # _____

Holy Book: _____

Favorite Verse (15 words or less):

Spring Chaplain: _____ Bethel # _____

Holy Book: _____

Favorite Verse (15 words or less):

DAUGHTERS WILL BE WEARING OFFICIAL REGALIA

Please return this form by June 1, 2023 to:

**Abby Tolson
1300 Cavalcade Drive
Youngstown, Ohio 44515
Atwerp1010@gmail.com**



YOU'RE INVITED TO PARTICIPATE IN THE FLAG CEREMONY AT FORMAL OPENING **2023**

WHO IS NEEDED: YOUR BETHEL MARSHAL, GUIDE, OR REPRESENTATIVE APPOINTED BY THE BETHEL GUARDIAN COUNCIL. (Please be sure that your representative is not taking part in Formal Opening in any other manner.)

WHAT YOU WILL NEED TO BRING: YOU WILL NEED TO BE IN YOUR OFFICIAL REGALIA AND HAVE YOUR BETHEL'S AMERICAN FLAG AND/OR BETHEL FLAG WITH POLES. YOU WILL NOT NEED THE FLAG STANDS.

WHEN WILL PRACTICE BE: PRACTICE WILL BE HELD ON FRIDAY AFTERNOON AT QUAIL HOLLOW RESORT.
Please check the program book for the time.

PLEASE SEND YOUR BETHEL'S INFORMATION ON OR BEFORE JUNE 1, 2023 TO:

**Amy Selby, Grand Marshal
864 Wilson Avenue
Columbus, Ohio 43206**

QUESTIONS???? EMAIL: selbypbg28@gmail.com

Bethel # _____ Bethel Contact Name: _____

Contact Phone/ Email: _____

Daughter carrying American Flag: _____

Bethel Office Held at the time of Session: _____

Daughter carrying Bethel Flag: _____

Bethel Office Held at the time of Session: _____



2023 IDEAL JOBIE

Hear Ye, Hear Ye!!!! Grand Session is just around the corner plus the presentation of the Ideal Job's Daughter award.

Do you have a daughter in your Bethel that exemplifies the teachings of our Order, always knows her work, comes to Bethel Meetings and Activities, is willing to help others and be courteous and is just an all-around great person? If you have someone that has these qualifications, then please submit her name and we will honor her during the "Catch the Wave Session" at DoubleTree Westlake Hotel.

The deadline for your entry is June 1, 2023. Please do not let a Daughter miss this opportunity to be recognized.

Return this form to me by the deadline and if you have any questions, please feel to contact Bruce Hare at (440) 331-4885 or email at behare@aol.com.

Bethel # _____

Daughter's Name: _____

Bethel Guardian's Signature:

***** Return by Tuesday June 1, 2021
Mail To: Bruce Hare, AGG
4180 Wooster Road
Rocky River, Ohio 44116

In Loving Memory

Dear Bethel Guardians:

As we are preparing for Grand Session 2023, may we also prepare to honor those who have served Job's Daughters within this past year and are no longer with us.

The annual Necrology Ceremony will be held on Friday immediately following the Grand Bethel meeting. If your Bethel has suffered a loss during this past year, help us to honor those who have given unselfishly of their presence and time in service to our Order.

Please complete the form below of those to be honored with names and information. If possible, we ask that a representative from your Bethel be in attendance to participate in the ceremony (lighting a candle, placing a flower, etc.). Please include their information at the bottom.

This form must be returned by June 1, 2023.

May their memory be a blessing!

Abby Tolson, Grand Chaplain

Necrology Committee

Necrology Ceremony Form

Name of Deceased: _____ Bethel #: _____

Date of Death: _____ # of years of Service: _____

How He/ She served your Bethel: _____

Special Memories: _____

(please use the back of the form if necessary)

Person willing to assist in the Ceremony: _____

Phone #: _____

Please return this form by June 1, 2023 to:

Abby Tolson

1300 Cavalcade Drive

Youngstown, Ohio 44515

Atwerp1010@gmail.com



Blast Registration

Are you new to Job's Daughters or Grand Session?

**Come join us this year and sign up for our BLAST event!
Make new friends, treats, crafts and play games.**

ADMISSION: \$5.00

YOU MUST PRE-REGISTER

**Due to the purchasing of supplies, no registration will be permitted at Session!!!
Don't let your Daughter miss out—Pre- Register!!!**

Deadline: May 12, 2023



The names of ALL ADULTS attending Grand Session must be included in the registration form.

The Registration and Facility fee **MUST** be paid by everyone attending any part of the Session including Daily Pass Visitors.

The DAILY PASS FEE **must be** paid each day for anyone not staying at the hotel. The DAILY PASS includes lunch and dinner for that day.

[illegible]

The names of ALL ADULTS attending Grand Session must be included in the registration form.

The Registration and Facility fee MUST be paid by everyone attending any part of the Session including Daily Pass Visitors. The DAILY PASS FEE **must be** paid each day for anyone not staying at the resort. The DAILY PASS includes lunch and dinner for that day.

[illegible]

“2023 Catch the Wave Session”

Housing Form B

Bethel #: _____

Location: _____

Please list below the way you wish the rooms to be assigned for your Bethel.

Note: The rooms are 4 person occupancy.

| | Name | Daughter (D) Adult (A) | Wednesday | Thursday | Friday | Saturday |
|----|------|---------------------------|-----------|----------|--------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

| | Name | Daughter (D) Adult (A) | Wednesday | Thursday | Friday | Saturday |
|----|------|---------------------------|-----------|----------|--------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

| | Name | Daughter (D) Adult (A) | Wednesday | Thursday | Friday | Saturday |
|----|------|---------------------------|-----------|----------|--------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

| | Name | Daughter (D) Adult (A) | Wednesday | Thursday | Friday | Saturday |
|----|------|---------------------------|-----------|----------|--------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

| | Name | Daughter (D) Adult (A) | Wednesday | Thursday | Friday | Saturday |
|----|------|---------------------------|-----------|----------|--------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

Please duplicate this form as needed.

PLEASE PROVIDE THE FOLLOWING TOTALS FROM THE Registration FORMS A and B.

Registrants:

Total Bethel Daughter Registrants listed on Form A _____

Total Adult Registrants listed on Form A _____

Total Other Registrants listed on Form A _____

Total Registrants from your Bethel _____**Dollar Amount Due:**

Total Amount Due from Form A _____

Total Amount Due from Housing Form B _____

Total Amount Due from your Bethel _____**PAID BY:** Bethel Check #: _____ Amount: _____

Individual Check #: _____ Amount: _____

MEDICAL FORMS AND MEDIA FORMS

Total Number of Medical Forms enclosed _____

Total Number of Media Forms enclosed _____

***There must be one signed Medical and Media form for every person registered.**Bethel Guardian _____ Phone #: _____
(Name- Please Print)_____
(Street Address)_____
(City, Zip) Email: _____**Please provide the name of the person authorized to pick up your Grand Session Reservations:**Authorized Name: _____ Phone #: _____
(Name- Please Print)Address: _____
(Street Address)_____
(City, Zip) Email: _____**Estimated time of Arrival:** _____

E-mail address for confirmation purposes: _____

RETURN REGISTRATION FORMS A, B, AND C, EMERGENCY MEDICAL, MEDIA RELEASE FORM AND BETHEL/INDIVIDUAL CHECKS BY: May 12, 2023 (\$50 Late fee if postmarked after 5/12/2023) to:

Melissa Hare
4180 Wooster Road
Rocky River, Ohio 44116
216-702-2331
haremelissa@aol.com

JOB'S DAUGHTERS INTERNATIONAL
BETHEL No. _____
PERSONAL HEALTH FORM

Event for which the following information is requested: _____

Date of Activity: _____

The information provided in this form will be used at the discretion of the Supreme/Grand/Bethel Guardian Council to ensure that care and attention are given to the health of the Bethel Daughter.

Complete Name: _____ Birth Date: _____

Address: _____ Height: _____ Weight: _____

(city) (State/Providence) (Zip/Postal Code)

Father: _____ Home Phone: _____

Address: _____ Work: _____
(If different from above)

Mother: _____ Home Phone: _____

Address: _____ Work: _____
(If different from above)

If Parents/Guardians are not available, in case of an emergency, please notify:

Name: _____ Home Phone: _____

Address: _____ Work: _____

Relationship to Daughter: _____

Insurance Carrier: _____ Policy #: _____

Family Doctor: _____ Phone #: _____

Does your daughter suffer from any physical or emotional disorders that would prevent her from participating in activities? _____ Yes _____ No
If so, please list and explain: _____

Do you have any special instructions for the Bethel Guardian Council regarding your daughter's health care, diet or special needs? _____ Yes _____ No

Does your daughter have allergic reactions to such things as drugs, food, insect stings, etc.? If so, please list, giving type of reaction, treatment given, etc.: _____

Has your daughter menstruated? _____ Yes _____ No If not, has she been told about it? _____ Yes _____ No
Please list any chronic conditions or recent illnesses of which the Bethel Guardian Council should be aware: _____

Please specify details of medication or treatment required for the above: _____

Date of their last Tetanus Shot: _____

Does your daughter require corrective lenses? ____ Yes ____ No Contact lenses? ____ Yes ____ No

Our Daughter ____ is ____ is not (please check one) age 18 or older and legally responsible for herself under the law.

We the undersigned, parents/guardians of _____ do hereby authorize the Supreme/Grand/Bethel Guardian Council and/or Chaperones of Job's Daughters SGC/GGC of _____ or Bethel No. _____ of _____ to exercise supervision of our daughter during the time that she is participating in a Job's Daughter activity. We are fully aware that any athletic type of activity has a given inherent risk of injury. We hereby release Job's Daughters International and all its subordinates and/or chaperones from any liability caused by our daughter's participation in this event.

By executing this document, the Parent(s) or Legal Guardian of the Daughter named herein expressly consent to any and all emergency medical treatment and grants the limited Power of Attorney to the Supreme/Grand/Bethel Guardian Council of _____ and Chaperones of Bethel No. _____ of _____ to consent to any and all such treatment in the same manner as could the Parent(s) or Legal Guardian if physically present. All information relating to said treatment shall also be provided to the Supreme/Grand/Bethel Guardian Council and Chaperones to the fullest and same extent as though they were the Parent(s) or Legal Guardian of said Daughter named herein. The Parent(s) or Legal Guardian(s) of the Daughter expressly agree to release from liability, and indemnify, hold harmless, and defend Job's Daughters International, its employees, agents, and volunteers, and any applicable CAV(s) from liability for:

1. Any claim, action, or damages arising directly or indirectly from the provision of emergency medical services, including but not limited to liability from the costs of such services; and
2. Any claim, action, or damages arising directly or indirectly from the release of information pursuant to this document.

This waiver applies to any and all applicable state or federal laws, rules or regulations relating to Patient Privacy. A copy of this document shall be treated the same as if it were the original. The Consents and Waivers contained herein shall be and remain in full force and effect from and after the date of signing until _____.

In accordance with the JDI Youth Protection Program, if your daughter will be traveling alone with one CAV who is not a member of her family (i.e. Miss IJD or SBHQ traveling with the Supreme Guardian), the Daughter must have her parent's or legal guardian's written permission to stay in overnight accommodations in the same room with the female CAV who is not a family member. If the parent's or legal guardian's written permission has not been obtained before hand, and if in the CAV's best judgement it is safer to share a room with the Daughter than to have separate rooms for the Daughter and the female CAV under the circumstances of the particular trip, the two may share the same room. The CAV shall immediately contact the Daughter's Parent(s) to let them know that this decision was made.

Father/or Legal Guardian: _____ Date: _____

Mother/or Legal Guardian: _____ Date: _____

ADULT MEDICAL RELEASE FORM

NOTE: THIS FORM IS TO BE REPRODUCED. WE ARE REQUESTING EACH ADULT ATTENDING COMPLETE ONE FORM AND RETURN IT WITH THE REGISTRATION FORMS. (DEADLINE: May 12, 2023)

A copy should be kept by the person responsible for your Bethel at Grand Session.

Name: _____ Bethel #: _____

Address: _____
Street City Zip Code

Phone: () _____

In case of inquiry, I waive all claims against the organizers of this event.

In the event of EMERGENCY TREATMENT being require and an immediate family member cannot be reached, I hereby authorize necessary medical or hospital attention.

Please list below health conditions/medications (if life threatening) and allergies.

Health conditions: _____

Medications: _____

Allergies: _____

In case of emergency:

Contact: _____ Relationship: _____

Address: _____
Street City Zip Code

Phone: () _____

Physician: _____

Hospital: _____

Signature: _____ Date: _____

Job's Daughters International
Media Release Form

I grant permission to Job's Daughters International and its subordinates, to use my name and/or photographs for use in Job's Daughters International publications such as recruiting brochures, newsletters, and magazines, and to use my name and/or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Job's Daughters International website or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Job's Daughters International and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or relating to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below which is applicable to your present situation.

_____ I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I **do not** wish to have photos printed or displayed of my daughter and respectfully request that she be kept out of all the Job's Daughters photos, group shots, and photos taken at community and fun activities. I fully understand that Job's Daughters International and its subordinates are not responsible for photos taken by individual adults or other members of the Order.

Date: _____ Bethel No. _____ Location: _____
(City/State/Province)

Name (please print): _____

Address: _____
(Street) (City) (State/Province) (Zip/Postal Code)

Signature: _____

Signature of parent or legal guardian: _____
(If under 20 years of age)

A copy of this form should be kept in the permanent files of the Bethel and a copy sent to:

Job's Daughters International
233 W. Sixth Street
Papillion, NE 68046-2210

Phone: 402-592-7987
Fax: 402-592-2177
Email: sgc@iojd.org