



**PERMISSION FOR CHILD TO PARTICIPATE IN THE
NEBRASKA FREEMASONS CHILD IDENTIFICATION PROGRAM (CHIP)**

Full Name of Child: _____
(Please Print)

I, _____, am the _____
(*relationship: i.e., parent or legal guardian*) of the above-named child. As parent or legal guardian, I give permission for my child to participate in the Nebraska Freemasons Child Identification Program. I understand that this program may consist of one or more of the following methods of identification:

1. Webcam “still” photograph;
2. Webcam interview with child;
3. Digital fingerprints;
4. Toothprint™ (dental impression to be taken by licensed professionals);
5. Cheek swab (DNA sample to be taken by licensed dental professionals);

I understand that all materials generated in the identification process (i.e., CD with photo, fingerprints & interview, Toothprint™ wafers and cheek swabs) will become the sole property of the child’s parent or legal guardian and no copies will be made or retained by any of the sponsoring or endorsing entities.

I further understand that this identification program is conducted at no charge as a community service and that as the child’s parent or legal guardian, I hereby release the Grand Lodge A.:F.: and A.:M.: of Nebraska and the members of any subordinate lodge or appendant or concordant bodies of said Grand Lodge, the State Troopers Association of Nebraska and the Nebraska Sheriffs’ Association and their associated entities, and the Nebraska Dental Association, Nebraska Dental Hygienists’ Association and the Nebraska Dental Assistants Association and their associated entities from any and all liability associated with my child’s participation in the Nebraska Freemasons Child Identification Program.

Child’s Address: _____

Child’s DOB: _____

Parent/Legal Guardian Signature: _____

CHIP Location: _____ Date: _____