

Omega Psi Phi Fraternity, Inc. Parental Release and Consent Form Talent Hunt Competition

Parental release and consent form (submit by start of event)

Student's name:	Age:
Physical address:	
Email address:	
Parent or legal guardian's name:	
Contact phone numbers during event hours: (home):	(cell):
Insurance information:	
Insurance coverage by:	
Policy Number:	
film or recording in its print and electronic publications, vide agree that the photographs and videotapes, including negat property of the Omega Psi Phi Fraternity, Inc. I waive any ri images may be used. By signing this form, I hereby release	ograph, videotape or record my child and to use the photographs, videotape, o broadcasts, radio broadcasts or any other presentation of the images. I tives, slides and prints or any other presentation of the images, are the ght I may have to inspect and/or approve the finished product in which the and discharge the Omega Psi Phi Fraternity, Inc., from any and all claims the nega Psi Phi Fraternity, Inc., from liability arising from claims or litigation arising
activity. In consideration of the right to participate in this act	illd involves limited events or field trips that will be conducted as part of this ivity, I waive and release any and all rights and claims for damage I may hav ctors, District or local officials, members, employees and agents, for any and this activity.
medical treatment deemed necessary by medical profession release Omega Psi Phi Fraternity Inc., and its' Chapters, from	, but not limited to, hospitalization, administration of medication, or any nals, as may be needed for the health and welfare of my child. I hereby om any and all rights and claims for damages which I or my child may have ent received by my child as a result of said emergency medical treatment.
If you are under the age of 21,	your parent/guardian must also sign this form.
Date:	(Student's Signature)
(Print Parent/Guardian Name)	(Parent/Guardian Signature)