



## **CAPITOL CITY GENTLEMEN (GENTS) YOUTH PROGRAM** **EPSILON XI CHAPTER OMEGA PSI PHI FRATERNITY, INC.**

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THE CAPITOL CITY GENTLEMEN (GENTS) YOUTH PROGRAM IS A MENTORING PROGRAM DESIGNED AROUND THE FRATERNITY'S CARDINAL PRINCIPLES (MANHOOD, SCHOLARSHIP, PERSEVERANCE, AND UPLIFT), WITH THE AIM TO TEACH AND ENCOURAGE YOUNG AFRICAN-AMERICAN MALES TO POSITIVELY DEFINE, PLAN, PURSUE AND ACHIEVE THEIR FUTURE.

### **Benefit of Omega Gents**

The young men benefit by experiencing personal development essential to their long-term success. Our Gents develop academically, socially and emotionally. They grow through various support services and exposure to new positive experiences that reinforce critical life skills. Gents also develop a sense of community by participating in a wide range of service projects. They build confidence necessary to visualize, believe and pursue their dreams. Finally, Gents complete our program with a network of friends to provide continued support.:

### **Educational programs and workshops include:**

Self Identity, Self Esteem & Self Assessment  
Health & Well-being  
Goal Setting & Planning  
Academic Achievement & College Preparedness  
Developing Positive Relationships  
Etiquette & Respecting Women  
College Campus Tours  
Career Days / Corporate Visits  
Community Service  
Social Outings

### **Program Chairmen**

Scott Galbraith	916 468-2222	ascottgalbraith@gmail.com
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### **Epsilon Xi Chapter Basileus / President**

Abraham D. Samuel, Jr	916 479-4316	dominiquesamuel4@gmail.com
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## CAPITOL CITY GENTLEMEN (GENTS) YOUTH PROGRAM EPSILON XI CHAPTER OMEGA PSI PHI FRATERNITY, INC.

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### WAIVER / PHOTO RELEASE

*Please complete the entire form in pen with **black or blue** pen.*

I authorize Omega Psi Phi Fraternity, Inc., Epsilon Xi Chapter, & Capitol City Gents Program to use photos and/or other likeness of myself, my child or the child for whom I have legal guardianship and who is participating in the Capitol City Gents Youth Program for promotional materials to be used by/ for the Program. Such likenesses will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the Omega Psi Phi Fraternity, Inc., Epsilon Xi Chapter & Capitol City Gents Program electronic and print media vehicles. Omega Psi Phi Fraternity, Inc., Epsilon Xi Chapter & Capitol City Gents Program reserve the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request by participant, parent or legal guardian.

Participant's Name, **printed**: \_\_\_\_\_

Parent/Guardian's Name, **printed**: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_





# CAPITOL CITY GENTLEMEN (GENTS) YOUTH PROGRAM

## EPSILON XI CHAPTER OMEGA PSI PHI FRATERNITY, INC.

### WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

*Please complete the entire form in pen*

In consideration for receiving permission to participate in the CAPITOL CITY GENTLEMAN (GENTS) YOUTH PROGRAM, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, Omega Psi Phi Fraternity Incorporated, Epsilon Xi Chapter, affiliate organizations, officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such programs or activities, or while in, on or upon the premises where the program or activity is being conducted.

1) I hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said programs or activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

2) It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.

3) IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

Date:

#### Participant Information

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Participant's Signature

\_\_\_\_\_ Current School

\_\_\_\_\_ School or DMV ID Number

#### Parent / Legal Guardian

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature (if participant s under 18 years of age)





# CAPITOL CITY GENTLEMEN (GENTS) YOUTH PROGRAM

## EPSILON XI CHAPTER OMEGA PSI PHI FRATERNITY, INC.

### EMERGENCY CONTACT & MEDICAL INFORMATION

Please complete the entire form in black pen

If Participant is under the age of 18, Parent/Guardian consents to the minor's participation in the CAPITOL CITY GENTLEMAN (GENTS) YOUTH PROGRAM, consents for Omega Psi Phi Fraternity Incorporated and Epsilon Xi Chapters and representatives to seek reasonable and necessary medical treatment for Participant during such programs or activities, and agrees to be responsible for any cost of such treatment.

*Complete the application. Parent or Guardian must sign at the bottom of this page.*

**Participant:** \_\_\_\_\_  
(First) (Middle Name) (Last) (Suff)

Phone number: \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Parent or Legal guardian:** \_\_\_\_\_  
(first) (last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact** (other than parent or guardian : \_\_\_\_\_  
(First) (Last)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Insurance Information for Participant:

**Medical Insurance Provider:** \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Physician:** \_\_\_\_\_ Office number \_\_\_\_\_

**Dental Insurance Provider:** \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Office number \_\_\_\_\_

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





## CAPITOL CITY GENTLEMEN (GENTS) YOUTH PROGRAM EPSILON XI CHAPTER OMEGA PSI PHI FRATERNITY, INC.

### WELLNESS INFORMATION

**Describe any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability, or condition:**

1. Does participant suffer from, or have they experienced any of the following?

- asthma       heart trouble       physical handicap       high blood pressure  
 epilepsy or seizures       diabetes       frequent upset stomach       other

If you checked other, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is participant allergic to:

- Pollen       Medication       Food       Insects Bites       Other

If you checked any, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Should participant's activities be restricted for any reason? If yes, explain (attach addition documentation if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing this form, you assert that all information provided is accurate to the best of your knowledge.*

Parent/Guardian Signature: \_\_\_\_\_

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

