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

Parental release and consent form

Student's name: _____ Age: _____

Physical address:

_____

_____

Parent Email address:

_____

Parent or legal guardian's name:

_____

(please print)

Photo and Image Release:
I give the Omega Psi Phi Fraternity, Inc. permission to photograph,videotape or record my child and to use the photographs, videotape, film or recording in its print and electronic publications, video broadcasts, radio broadcasts or any other presentation of the images. I agree that the photographs and videotapes, including negatives, slides and prints or any other presentation of the images, are the property of the Omega Psi Phi Fraternity, Inc. I waive any right I may have to inspect and/or approve the finished product in which the images may be used. By signing this form, I intend to release and discharge the Omega Psi Phi Fraternity, Inc. from any and all claims that I may have, and agree to hold harmless and defend the Omega Psi Phi Fraternity, Inc. from liability arising from claims or litigation arising from its use of my child's image, voice, or performance.

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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)