

**Omega Psi Phi Fraternity, Inc.**  
**Parental Release and Consent Form**  
**Talent Hunt Competition**  
(Must be submitted by the start of the event)

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_ (Street Name & Number)

\_\_\_\_\_ (City/State/Zip Code)

Parent / Guardian Name: \_\_\_\_\_

(Please Print)

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Photo & Image Release:**

I give the Omega Psi Phi Fraternity, Inc. permission to photograph, videotape, and/or record my child during the Talent Hunt Competition and to also use the photographs, videotapes, films or recordings of this event in its print and electronic publications, video broadcasts, radio broadcasts or any other presentation of the images. I agree that the photographs, videotapes, including negatives, slides, and prints or any other presentation of images are the property of 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.

**Waiver and Consent for Emergency Treatment:**

I am aware that the activity for which I am registering my child involves limited events and/or field trips that will be conducted as part of this activity. In consideration of the right to participate in this activity, I waive and release any and all rights and claims for damage I may have against Omega Psi Phi Fraternity, Inc., its Board of Directors, District and local officials, members, employees and agents, for any and all injuries suffered by my child while participating in this activity. I give my consent to emergency treatment, including hospitalization, as may be deemed necessary for the welfare of my child.

**If you are under the age of 21, your parent/guardian must also sign this form.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please submit this form completed and signed with your entry form to:**

**Talent Hunt Committee**  
**Derrick Robinson, Chairman**