13th International District
Omega Psi Phi Fraternity, Inc.
Parental Release and Consent Form
2024 Black History Bowl Contest

Student's name: _____ Age: _____

Physical mailing address: _____

Email address: _____

Alternate Email: _____

Parent or legal guardian's name:

_____
<div align="center">(please print)</div>

Contact phone numbers: (home): _____ (cell): _____

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.

Waiver and Consent for Emergency Treatment:
I am aware that the activity for which I am registering my child involves limited events 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 the Omega Psi Phi Fraternity, Inc., its Board of Directors, District or local officials, members, employees and agents, for any and all injuries, if any, suffered by my child while participating in this activity. I give my consent to emergency treatment, including hospitalization as may be needed for the welfare of my child

<div align="center">**If you are under the age of 21, your parent/guardian must also sign this form.**</div>

Date: _____

(Student's Signature) _____

_____   _____
(Print Parent/Guardian Name)   (Parent/Guardian Signature)