

## Liability Release Form

Name of Organization: **Omega Psi Phi Fraternity, Inc.**

Activity or Event: **Youth Leadership Conference**  
July, 5-7, 2012  
Minneapolis, Minnesota

Participant's Name: \_\_\_\_\_

I understand that participation in the Omega Psi Phi Fraternity, Inc. Youth Leadership Conference is an educational and leadership experience.

In signing below, I/we assume risk of harm or injury which may occur to my son as a result of traveling to and participating in the : Omega Psi Phi Fraternity, Inc. Youth Leadership Conference, July, 5-7, 2012, Minneapolis, Minnesota. I hereby release Omega Psi Phi Fraternity, Inc., and its officers from any liability, costs and damages resulting from my/our son's participation.

I/we agree that my/our son has my consent to participate in the Youth Leadership Conference.

I/we also give consent for the Omega Psi Phi Fraternity, Inc., to seek emergency treatment for my/our son, if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_/\_\_\_\_\_  
Participant's signature / Date

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian / Date

\_\_\_\_\_  
Parent's Telephone Number

\_\_\_\_\_  
Parent's Email Address