NORCAL YOUTH MENTORING CAMPING TRIP

OMEGA PSI PHI FRATERNITY, INC.

PERMISSION SLIP, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Please complete the entire form in pen

In consideration for receiving permission to participate in the NORCAL YOUTH MENTORING CAMPING TRIP, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, Omega Psi Phi Fraternity Incorporated, their Chapters, 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

_____ _____

Printed Name | Signature (if 18 years old or older)

PARENT/ LEGAL GUARDIAN

_____ _____

Printed Name | Signature (if participant is under 18 years old)

If Participant is under the age of 18, Parent/Guardian consents to the minor's participation in the NORCAL YOUTH MENTORING CAMPING TRIP, consents for Omega Psi Phi Fraternity Incorporated and its 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.

_____ _____

Parent/Legal Guardian Signature | Date

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EMERGENCY CONTACT & MEDICAL INFORMATION

Please complete the entire form in black pen

Participant: _____, _____
(last) (first) (middle initial)

Age: _____ Date of Birth: ____/____/____

Parent/Legal Guardian: _____
(last) (first) (middle initial)

Home Address: _____

City: _____ Email: _____

Home Phone: ( ) _____ Cell Phone: ( ) _____

Emergency Contact (other than parent/ guardian)**:**

Name: _____
(last) (first)

Relation to participant: _____

Phone: ( ) _____ Day ( ) _____ Evening ( ) _____ Cell

Insurance Information for Participant:

Medical Insurance Provider: _____ Policy Number: _____

Physician: _____ Office number ( ) _____

Dental Insurance Provider: _____ Policy Number: _____

Dentist: _____ Office number ( ) _____

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 currently taking any medication? **Yes or No**. If yes, please list all: _____

3. Is participant allergic to: ☐ Pollen ☐ Medication ☐ Food ☐ Insects Bites ☐ Other

If you checked any, please explain _____

4. 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: _____/_____/_____