

The Kappa Psi Chapter of Omega Psi Phi Fraternity, Inc.

## DC Rhinos Mentoring Program Program Liability Form



The Parent/Guardian agrees to hold harmless the men of the Kappa Psi Chapter an unincorporated chapter of Omega Psi Phi Fraternity, Inc. and the Grand Chapter of Omega Psi Phi Fraternity, Inc. from any and all liability relating or occurring from any accidents or injuries resulting from you or your child's participation in any event in itself and travel to and from any event.

Furthermore, it is understood that any and all medical expenses incurred due to injuries sustained at any project or event organized by the Kappa Psi Graduate Chapter of Omega Psi Phi Fraternity, Inc. is the sole responsibility of the participant in the event(s). This is inclusive of pre-existing conditions, which may become aggravated due to you or your child's participation in any event(s).

It is also understood that no legal action will be brought against Kappa Psi Chapter of Omega Psi Phi Fraternity, Inc. or subsidiaries or authorized personnel by you or your child because of any matter directly or indirectly related to you and your child's participation in any session or events held by the Kappa Psi Chapter of Omega Psi Phi Fraternity, Inc.

### **Parent/Guardian's Authorization (PLEASE PRINT)**

As a parent/guardian of \_\_\_\_\_, I request she attend the **DC Rhinos Mentoring Program** and take part in all activities. In case of emergency the community sub-leader has my permission to give minor first aid or take my child to an emergency treatment facility.

I, (parent/guardian) \_\_\_\_\_, further request the community sub-leader or his representative to call a physician for medical care for my child, (child's name) \_\_\_\_\_, should an emergency arise. I understand that the program staff will make a conscientious effort to locate me via the telephone number provided at drop off as well as attempting to contact me at \_\_\_\_\_, before any action is taken but if it is not possible to locate me, I understand that I will accept all medical expenses.

By signing your name, you are stating that you have read and fully understand and are in agreement with this waiver

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_