

## PARTICIPANT PERMISSION FORM

3<sup>rd</sup> Annual Blue Forum  
Saturday, April 13, 2019  
Miami Soul Café “Mo’Space” 16194 NW 27<sup>th</sup> Avenue Miami Gardens, FL 33056

I hereby release and hold harmless Zeta Phi Beta Sorority, Incorporated Chapter, its agents, representatives, and employees (collectively and individually Zeta Phi Beta Sorority, Incorporated) from any and all liability which may arise in connection with my participation in any and all activities sponsored by Zeta Phi Beta Sorority, Incorporated, or any other offices, departments, or organizations associated with Zeta Phi Beta Sorority, Incorporated. Such activities so sponsored shall be referred to as Programs.

This release shall include, but shall not be limited to, potential liability from accidents or injuries which may occur in connection with or potential liability from the content of any and all Programs. Furthermore, I agree to indemnify Zeta Phi Beta Sorority, Incorporated, Chapter from any suit, claim or any other action brought by any parent, whether biological, adoptive or custodial, guardian or family member of any youth participating in any Program on account of or in connection with my participation in any and all Programs.

I understand that Zeta Phi Beta Sorority, Incorporated, is not responsible for determining whether the content of any Program is suitable for the participants but that such determination shall be made by the participant. I declare that I have read completely the terms of this Release and that I understand fully and voluntarily accept each and every term of this Release.

Name of Parent or Guardian (Please Print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant’s Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Name (Please Print): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_





I grant Zeta Phi Beta Sorority, Inc. the unlimited right to use and/or reproduce photographs or likenesses in any legal manner for the internal or external promotional and information activities of Zeta Phi Beta Sorority, Inc. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Zeta Phi Beta Sorority, Inc in which he/she is involved. I also agree to allow my child's work and/or photograph to be published on the Zeta Phi Beta Sorority, Inc. national and local chapter Web site/Internet pages, and publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Name of Parent or Guardian (Please Print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

