



International Talent Hunt Contestant Application

OMEGA PSI PHI FRATERNITY, INC.

(All information must be typed)

Contestant's Name _____ Age _____

Contestant's E-mail Address _____

Address _____ City _____ State /Zip _____

Parents or Guardian _____ Telephone _____

Chapter/District _____

Chapter/District Talent Hunt Chairman _____

Chairman Telephone (Cell) _____ (Home) _____

Chairman email _____

Name of High School _____ Grade _____

Grade Point Average (GPA) _____ SAT Score _____ ACT Score _____

Extra Curricula Activities (School/ Community)

Honors and Awards Received

Church Membership

Hobbies

College /University You Plan to Attend

City _____ State _____ Major _____ + _____

Category you will compete In Select One:

Semi Classical Instrumental Solo _____ Classical Instrumental Solo _____

Semi Classical Vocal Solo _____ Classical Vocal Solo _____

Drama Interpretations _____ Dance _____ Visual Arts _____

Name of Composition/Presentation _____

Name of Composer _____

Please check which of the following you will need for your performance:

a) Piano _____ b) Microphone _____ c) Digital Audio Player _____

d) Accompanist _____ e) Other (please be specific) _____

Essay (100 word minimum)

(Note: You are required to provide any electronic equipment required and an operator.)

Note: A 4x6 photograph (high resolution bust shot photo 300 dpi or higher - No cell phone, I-pad or scanned photos) and a biographical sketch of 100 words or less must accompany this form. Application are due 30 days before the District and 60 days before the International Conferences. Please contact the Talent Hunt Chairman to confirm receipt of your completed application.

(Parent/Guardian Signature)



Omega Psi Phi Fraternity, Inc. Parental Release and Consent Form Talent Hunt Competition

Parental release and consent form (submit by start of event)

Student's name: _____ Age: _____

Physical address: _____

Email address: _____

Parent or legal guardian's name: _____

Contact phone numbers during event hours: (home): _____ (cell): _____

Insurance information:

Insurance coverage by: _____

Policy Number: _____

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 hereby 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 hereby give my consent to emergency treatment including, but not limited to, hospitalization, administration of medication, or any medical treatment deemed necessary by medical professionals, as may be needed for the health and welfare of my child. I hereby release Omega Psi Phi Fraternity Inc., and its' Chapters, from any and all rights and claims for damages which I or my child may have due to the administration of any medical care and/or treatment received by my child as a result of said emergency medical treatment.

If you are under the age of 21, your parent/guardian must also sign this form.

Date: _____

(Student's Signature)

(Print Parent/Guardian Name)

(Parent/Guardian Signature)