



# International Talent Hunt Contestant Application

## OMEGA PSI PHI FRATERNITY, INC.

(All information must be typed)

Email Completed Forms to: [Dvines2@Calstatela.edu](mailto:Dvines2@Calstatela.edu)

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 Curricular Activities (School/ Community)

Honors and Awards Received

Church Membership



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## OMEGA PSI PHI FRATERNITY, INC.

(All information must be typed)

Hobbies

College /University You Plan to Attend

City

State

Major

**Category you will compete In Select One (all performances are solo):**

Contemporary Instrumental

Classical Instrumental

Contemporary Vocal

Classical Vocal

Gospel Vocal

Dramatic Interpretation

Dance

Visual Arts

Name of Composition/Presentation

Name of Composer

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

Piano     Microphone     Accompanist    \*(All tracks must be submitted in digital format)

Other (please be specific)

Biographical Sketch (100 words)

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



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

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

Email Completed Forms to: Dvines2@Calstatela.edu

Student's name:

Age:

Street Address.

City.

State#N]d.

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 intend to 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 give my consent to emergency treatment, including hospitalization as may be needed for the welfare of my child

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

..... Date

(Student's Signature)

(Parent/Guardian Name)

(Parent/Guardian Signature)