

**Alpha Kappa Alpha Sorority, Incorporated®  
Rho Chi Omega Chapter**

**ANGEL PAGEANT LIABILITY RELEASE FORM**

**We (I) are (am) the Parent(s) or Legal Guardian(s) of participant named on this form and**

- Hereby grant our (my) permission for her to participate fully in the scheduled activities and or events associated with the Angel Pageant.
- Understand that participation in this Angel Pageant is strictly voluntary.
- Hereby grant our (my) permission for said participant to be taken to doctor or hospital if medical treatment is deemed necessary.
- Authorize medical treatment, including but not limited to emergency surgery.
- Assume financial responsibility for all medical treatment and costs.
- Understand that the Alpha Kappa Alpha Sorority, Incorporated, Rho Chi Omega Chapter does not provide medical coverage for the participant.

We (I) understand that, although the Rho Chi Omega Chapter has made every reasonable effort to assure my child's safety while participating in the Angel Pageant Program that there are unavoidable risks, and I hereby release and promise not to sue Alpha Kappa Alpha Sorority, Incorporated-Rho Chi Omega Chapter; Board of Directors of Alpha Kappa Alpha Sorority, Incorporated and Rho Chi Omega Chapter; the members of the sorority, for any damages or injury (including death) caused by, deriving from, or associated with my child's participation in the Angel Pageant Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the sorority members of Alpha Kappa Alpha Sorority, Incorporated-Rho Chi Omega Chapter.

We (I) understand that at each event or activity of the Angel Pageant, the said participant may be photographed. We (I) agree to allow her photo, video, or film likeness to be used for any legitimate purpose by Rho Chi Omega Chapter for publicity of the Angel Pageant that is royalty-free.

**Please type or print.**

\_\_\_\_\_  
Name of participant

Category: Cherubim \_\_\_\_\_ Guardian: \_\_\_\_\_ Arch: \_\_\_\_\_  
(4 years old – 1<sup>st</sup> grade) (2<sup>nd</sup> grade – 4<sup>th</sup> grade) (5<sup>th</sup> grade – 8<sup>th</sup> grade)

\_\_\_\_\_  
Medical insurance carrier Policy Number

\_\_\_\_\_  
Physician's Name Physician's Telephone Number

\_\_\_\_\_  
Other Emergency Telephone Numbers and relationship to participant

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Submit with Angel Pageant Registration Form. The deadline is February 1, 2020.**