



FAIRFAX COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
P.O. Box 221224
Chantilly, VA 20153-1224



Complete and bring this form to the Symposium

Student's Name _____

Parental Consent:

By my signature below, I hereby verify that the above information is accurate. My signature grants permission for my son to participate in the **Empowering Males to Build Opportunities for Developing Independence (EMBODI) symposium**. In giving my permission to participate, I understand that he will take part in workshops, cultural, educational events of the day. I agree to provide transportation for my child to this event: drop-off and pick up at the given time. I also agree to facilitate and support my son's timely attendance and participation.

I agree not to hold the Fairfax County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or EMBODI and its members responsible and/or liable for an injuries or illnesses that my child may sustain while in attendance at the symposium of EMBODI. I also agree not to hold the above named organizations, or its members or appointees individually, liable for the loss or destruction of my child's property.

Parent/Guardian Signature and Date

Consent to Photograph:

I **give** or **do not give** permission for my son, _____, to be photographed and videotaped. My signature gives consent to the use of his likeness in any publication, educational material, advertising, news media, and World Wide Web materials that EMBODI may utilize and produce.

I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of EMBODI and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by EMBODI for potential future use. I agree to release EMBODI from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Parent/Guardian Signature and Date