



**OMEGA PSI PHI FRATERNITY INC.
LAMBDA GAMMA GAMMA CHAPTER
FORT MEADE, MARYLAND 20755**

LGG Kids Day at Six Flags Community Service Program

Date: Saturday 12, August 2017

Child's Name: _____

AGE: _____

Parent or Guardian: _____
Attending: No _____ or Yes _____, if so how many _____

Emergency Contact Information:

Phone: _____

LGG Point of Contact/Sponsor: _____

_____ *Please indicate (x) if you would like to have your child invited/contacted for future LGG Youth based community programs.*

I _____ hereby consent to have my child, named above participate in the Annual Lambda Gamma Gamma Chapter Kids Day at Six Flags located in Upper Marlboro, Maryland. By consenting, I hereby release and hold harmless the Lambda Gamma Gamma Chapter, of the Omega Psi Phi Fraternity, Inc. and any of its chapters, subsidiaries, affiliates, or successors of interest from any damages or legal liability of whatever kind related to me or my child's participation in the Kids Day at Six Flags event. I further, acknowledge and understand that participation in Kids Day at Six Flags is voluntary and that I am knowingly waiving our rights to seek any damages against any of the aforementioned organization as a result of my participation in this event.

Parent/Guardian Signature _____ **Date** _____

Please return all permission slips to:

**Bro. Henry Johnson: Johnsonq2@yahoo.com, Bro. Tommie Bennett:
Tlbquedog@yahoo.com/ 703.409.2343, Bro. Cedric Guyton: giz391@gmail.com**