



## PARENTAL CONSENT FORM FOR ATTENDEES UNDER 18

### Statement of Parental Consent and Indemnification

**Disclosure:** FURPOCALYPSE is a convention of anthropomorphic animal art enthusiasts that is to be held at the ARMON Hotel and Conference Center & Holiday Inn Express Stamford, CT, under the auspices of Furpocalypse, Inc. In attendance will be more than 2,000 individuals from all parts of the world. Membership is open to all interested parties and there is no process by which members are screened or otherwise evaluated prior to admission. Neither FURPOCALYPSE, Furpocalypse, Inc., the ARMON Hotel and Conference Center & Holiday Inn Express Stamford, CT bear any responsibility whatsoever for the conduct or actions of any individual convention attendee. Every attendee is understood to be present at the convention solely at their own risk.

**Statement of Parental Consent and Indemnification:**

"I represent that I am the parent or legal guardian of \_\_\_\_\_, and I hereby provide consent for the above-named minor to attend FURPOCALYPSE and agree to the terms and conditions as stated below."

"I **agree** to indemnify and hold harmless FURPOCALYPSE, Furpocalypse Inc., and the ARMON Hotel and Conference Center & Holiday Inn Express Stamford, from any claim for personal injuries or other damages or equity arising out of the above named minor's activities at FURPOCALYPSE. I **agree also** to accept full responsibility for the actions and behaviors of the above-named minor at FURPOCALYPSE. I **agree also** that Furpocalypse, Inc., bears no responsibility to monitor the whereabouts or activities of the above named minor, or to bear any messages from me or from any other party to the above-named minor."

I have read the above one (1) page Statement of Parental Consent and Indemnification, and state that I have understood it and am voluntarily signing it without any inducement or representation whatsoever from any member of the staff of FURPOCALYPSE, Furpocalypse Inc., or the ARMON Hotel and Conference Center & Holiday Inn Express Stamford.

\_\_\_\_\_  
SIGNATURE (PARENT OR LEGAL GUARDIAN)

\_\_\_\_\_  
DATE

Print name of parent or guardian	Phone (daytime)	Phone (evening)
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State of \_\_\_\_\_ County of \_\_\_\_\_ (Town/City) \_\_\_\_\_  
 On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ (name of notary), the undersigned officer, personally appeared \_\_\_\_\_ (name of individual or individuals), known to me (or satisfactorily proven) to be the person(s) whose name(s) (is or are) subscribed to the within instrument and acknowledged that (he, she or they) executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Title of Officer

Date Commission Expires: \_\_\_\_\_ (Seal)

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BEFORE BEING ACCEPTED. IF THESE REQUIREMENTS HAVE NOT BEEN MET, IT WILL NOT BE ACCEPTED.**