

Parental Consent for Minor's Attendance

Minor Attendee's Legal Name		Date of Birth (MM/DD/YYYY)
Parent or Legal Guardian's Legal Name	Parent or Legal Guardian's Telephone	
Name of Creature Arts' Event		
Medical Information		

Disclosure

Creature Arts is a nonprofit that hosts gatherings of anthropomorphic art, science fiction, and fantasy fans. It is a Texas-incorporated organization dedicated to advancing anthropomorphic art and fan activities in the Dallas, TX, region and throughout the country. Attendance is available to everyone and persons requesting attendance are not screened or otherwise reviewed. Neither Creature Arts nor the venues it chooses to hold these events bear any responsibility for the actions of attendees. Complete policies, Standards of Conduct and further details can be found on the website for the respective conventions.

Statement of Parental Consent and Indemnification

I, the undersigned, do hereby grant permission for _____ to attend the Creature Arts' Event described above (the "Event"). I certify that I am a parent or legal guardian of the aforementioned minor. **I agree** to indemnify and hold harmless Creature Arts, the organization managing the Event's venue, and all staff, volunteers, or attendees thereof from any personal injury or expense that the above-named minor may incur or cause while attending the Event. **I agree also** to accept full responsibility for the actions and behaviors of the above-named minor at the Event. **I agree also** that Creature Arts, the organization managing the Event's venue, and staff and volunteers thereof are not responsible for monitoring the whereabouts or activities of the above-named minor, or to convey any messages from me or any other party to the above-named minor. However, if, in the view of Event staff, my child becomes involved in behavior that presents a danger to him/herself and/or others, appropriate steps will be taken to protect all participants of the convention. **I further agree** that, in the event of an injury, the members of Event staff may act on my behalf in obtaining medical treatment for my child. I have indicated on this form any permanent or temporary conditions which should be known about my child.

I acknowledge that I have read this document in its entirety, and state that I have understood it and am voluntarily signing it without any inducement or representation whatsoever from anyone.

THIS FORM MUST BE NOTARIZED BY A NOTARY PUBLIC OR SIGNED IN FRONT OF A MEMBER OF CREATURE ARTS STAFF.

Signature: _____ Telephone: _____ Date: _____

NOTARY STATEMENT

On this _____ day of _____ - 20____ before me personally appeared _____ known and known by me to be the individual described in and who executed the foregoing instrument, and (s)he thereupon acknowledged to me that (s)he executed the same and that all the foregoing statements are true and correct.

WITNESS my hand and seal this _____ day of _____, 20____

NOTARY PUBLIC for _____ County in the State of _____

My Commission Expires: _____

Name: _____ Signature: _____

