



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 Hilton Stamford Hotel & Executive Meeting Center in 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. or the Hilton Stamford Hotel & Executive Meeting Center 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 Hilton Stamford Hotel & Executive Meeting Center, 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 Hilton Stamford Hotel & Executive Meeting Center.

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.