rithroco

(Commission Expiration Date)

Anthrocon® 2024

Assignment of Responsibility for Minor Attendees 12 and Under

This form is required for attendees who are under 13 years of age as of July 4th, 2024 attending with an adult other than a parent or legal guardian

Disclosure: ANTHROCON 2024 is a convention of cartoon animal art enthusiasts that is to be held at the David L. Lawrence Convention Center in Pittsburgh, PA, under the auspices of Anthrocon, Inc. In attendance will be more than 9,000 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 ANTHROCON 2024, Anthrocon Inc., the David L. Lawrence Convention Center nor the Westin Convention Center Hotel 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 his or her own risk.

Statement of Parental Consent a	nd Indemnificati	on:			
"I represent that I am the parent or legal guardian of assign responsibility of said minor to provide consent for the above-named minor to attend ANTHROCON 2024 and agree to the te				(must be over 18). I also	
below. "I agree to indemnify and hold harm Westin Convention Center Hotel from activities at ANTHROCON 2024. I minor at ANTHROCON 2024. I agree above-named minor, or to convey any "I have read the above one (1) page 5	any claim for perso agree also to ac also that Anthroco messages from m	onal injuries or other dan ecept full responsibility on, Inc. bears no respo e or from any other par	mages or equity arising for the actions and ensibility to monitor the ty to that above-name	ng from the above-nard behaviors of the algorithms of the algorithms or actived minor.	med minor's bove-named ivities of the
voluntarily signing it without any independent of the Navid L. Lawrence	ucement or repres Convention Center	entation whatsoever fr or the Westin Conventi	om any member of on Center Hotel."	the staff of ANTHRO	OCON 2024,
SIGNATURE (Parent or guardian):			Date:		
Print name of parent or guardian	Phone (dayti	me)	Phone (ever	ning)	
SIGNATURE (Supervising Adult):			Date:		
Print name of supervising adult	Phone (dayti	me)	Phone (ever	ning)	
BEFORE ME, the undersigned authorit to me to be the person whose name is acknowledge that he/she had executed statements are true and correct.	subscribed to the fo	oregoing instrument, and	d having been by me t	first duly sworn an oat	
GIVEN under my hand and seal of	office, this	day of _		, 20	
Notary Public in and for		County, in the s	tate of	<u>.</u>	
(Signature of Notary)					
(Name of Notary)					

(Seal)