Parental Consent for Minor to Attend TTFC

| Minor Attendee's Legal Name | | | Date of Birth (MM/DD/YYYY) |
|---|--|---|--|
| Parent or Legal Guardian's Legal Name | | Parent or Legal Guardia | n's Telephone |
| | | | |
| Medical Information | | | |
| | | | |
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| | Disc | <u>closure</u> | |
| Tails and Tornadoes Inc. and Tulsa Ar | | | r referred to as TT/TACO,) is a nonprofi |
| entity that hosts gatherings of anthrop dedicated to advancing anthropomorph available to everyone and persons requ | comorphic art, science fic nic art and fan activities in desting membership are no any responsibility for the | ction, and fantasy fans. It in the Tulsa, OK, region ar ot screened or otherwise r actions of members. Com | is a Oklahoma-incorporated organization and throughout the country. Membership is eviewed. Neither TT/TACO nor the venue applete policies, Standards of Conduct and the conduc |
| <u>s</u> | tatement of Parental C | onsent and Indemnifica | <u>tion</u> |
| indemnify and hold harmless TT/TACO, any personal injury or expense that the full responsibility for the actions and be managing the Event's venue, and staff above-named minor, or to convey any Event staff, my child becomes involved taken to protect all participants of the act on my behalf in obtaining medical twhich should be known about my child. I acknowledge that I have read this without any inducement or representation. THIS FORM MUST BE NOTARIZED BY | TTFC). I certify that I am the organization managire above-named minor manading the above-named minor mand volunteers thereof ar messages from me or any din behavior that present convention. I further agreement for my child. I document in its entirety on whatsoever from anyout A NOTARY PUBLIC OF | ng TTFC's venue, and all stay incur or cause while attact minor at the Event. I are not responsible for monity other party to the above its a danger to him/herselaree that, in the event of a have indicated on this form, and state that I have unne. R SIGNED IN FRONT OF A | · _ |
| Signature: | Telephone | e: | Date: |
| | NOTARY S | STATEMENT | |
| On this day of 20 | before me personally | appeared | and (s)he thereupon acknowledged to me |
| that (s)he executed the same and that | | | and (s)ne thereupon acknowledged to me |
| WITNESS and hand and this | de | 20 | SEAL |
| WITNESS my hand and seal this | uay oi | , 20 | |
| NOTARY PUBLIC for | County in the State | e of | |
| My Commission Expires: | | | |
| Namo | ianaturo. | | |
| Name: S | ignature: | | |