

Attendee Name		Age / Birthday
Guardian Name	Guardian Telephone	
Chaperone Name (if under 13):	Chaperone Telephone (if under 13):	
Medical Information		

Furry Weekend Atlanta is a yearly gathering of science fiction and fantasy fans from all over the country in Atlanta, Georgia, USA. It is operated by Furry Weekend Atlanta, Inc., a Georgia-incorporated non-profit organization dedicated to advancing fan activities in the Southeast and throughout the country. Membership is available to everyone and memberships are not screened or otherwise reviewed. Neither Furry Weekend Atlanta, Inc, nor the Sheraton Gateway Hotel bears any responsibility for the actions of members.

I, the undersigned, do hereby grant permission for _____ to attend Furry Weekend Atlanta 2008. I certify that I am the parent or legal guardian of the aforementioned minor. I agree not to hold Furry Weekend Atlanta, Inc, the Sheraton Gateway Hotel, or any of attendees, staff, or volunteers liable for any expenses or injuries that my child may incur or cause while attending Furry Weekend Atlanta 2008. I understand that my child is responsible for his/her own behavior at all times. If, in the view of the senior convention staff, my child becomes involved in behavior that presents a danger to him/herself and others, appropriate steps will be taken to protect all participants of the convention.

I agree that, in the event of an injury, the members of the senior convention staff may act on my behalf in obtaining medical treatment for my child. I have indicated on this form any permanent or temporary conditions that should be known about my child.

THIS FORM MUST BE NOTARIZED OR IT WILL BE REJECTED.

Signature: _____ Telephone: _____ Date: _____

NOTARY STATEMENT

State of _____, _____ County. On this _____ day of _____ - _____ before me personally appeared - to me known and known by me to be the individual described in and who executed the foregoing certificate, and (s)he thereupon acknowledged to me that (s)he executed the same.

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

NOTARY PUBLIC, State of _____

My Commission Expires: _____

Name: _____ Signature: _____

