## Anthrocon<sub>®</sub> 2025



(Commission Expiration Date)

## **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 3<sup>rd</sup>, 2025 attending with an adult other than a parent or legal guardian

**Disclosure:** ANTHROCON 2025 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 10,000 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 2025, 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 Indemnificat	ion:		
"I represent that I am the parent or legal guardian ofassign responsibility of said minor toprovide consent for the above-named minor to attend ANTHROCON 2025 and below.			(must be over 18). I also	
"I agree to indemnify and hold harm Westin Convention Center Hotel from activities at ANTHROCON 2025. I minor at ANTHROCON 2025. I agree above-named minor, or to convey any	any claim for perso agree also to ac also that Anthroc	onal injuries or other damages ccept full responsibility for the on, Inc. bears no responsibility	or equity arising from the above-name actions and behaviors of the above to monitor the whereabouts or active	ned minor's ove-named
"I have read the above one (1) page voluntarily signing it without any ind Anthrocon Inc., the David L. Lawrence	ucement or repres	sentation whatsoever from an	y member of the staff of ANTHRO	
SIGNATURE (Parent or guardian):			Date:	
Print name of parent or guardian	Phone (dayt	ime)	Phone (evening)	
SIGNATURE (Supervising Adult):	I		Date:	
Print name of supervising adult	Phone (dayt	ime)	Phone (evening)	
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 f	oregoing instrument, and havin	g been by me first duly sworn an oath rein expressed, and that the foregoing	_, known
GIVEN under my hand and seal of office, this		day of	, 20	
tary Public in and for		County, in the state of	<u>.</u>	
(Signature of Notary)				
(Name of Notary)	<u></u>			

(Seal)