

Disclosure

Notary Form

FUR SQUARED 2020 is a convention of cartoon art enthusiasts that is to be held at the Sheraton Milwaukee Brookfield in Brookfield, WI, under the auspices of Con Glomerate. In attendance will be hundreds of 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 FUR SQUARED 2020, Con Glomerate, nor the Sheraton Milwaukee Brookfield 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 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 FUR SQUARED 2020 and agree to the terms and conditions as stated below.

"I agree to indemnify and hold harmless FUR SQUARED 2020, Con Glomerate, and the Sheraton Milwaukee Brookfield from any claim for personal injuries or other damages or equity arising from the above-named minor's activities at FUR SQUARED 2020. I agree also to accept full responsibility for the actions and behaviors of the above-named minor at FUR SQUARED 2020. I agree also that Con Glomerate bears no responsibility to monitor the whereabouts or activities of the above named minor, or to convey any messages from me or from any other party to that 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 FUR SQUARED 2020, Con Glomerate, the Sheraton Milwaukee Brookfield.

SIGNATURE (Parent or guardian) _____ **Date:** ____/____/____

PHONE (daytime) (____) _____ - _____ **PHONE** (evening): (____) _____ - _____

BELOW SECTION TO BE COMPLETED BY PUBLIC NOTARY

BEFORE ME, the undersigned authority, on this day personally appeared _____, Known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn an oath, acknowledge that he/she had executed the same for the purposes and consideration therein expressed, and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20_____.

Notary Public in and for _____ County, in the state of _____.

(Signature of Notary) (SEAL)

(Name of Notary)

(Commission Expiration Date)

Con Glomerate