

MINOR PERMISSION SLIP

Event: BURLYCON

Event Date:NOVEMBER 10-13, 2016

Name of Minor:

Full Address:

LIABILITY RELEASE

I have agreed in good faith to allow the said minor to participate in the events/activities/classes of BurlyCon, knowing that the staff and leaders of said organizations are attempting to provide an event/activity/classes that may NOT be appropriate or beneficial to the minor for whom I am legally responsible. With this understanding, I agree to forfeit any legal right to hold the officers, staff, and leaders of BurlyCon responsible for any accident or inappropriate situation/language that may occur to/from/during these events/activities/classes. I understand that in the event the minor for whom I am responsible causes damage or trauma to any person or property, that I will be financially and legally responsible for the minor's behavior. I also understand that should the minor be expelled from an event/activity/class due to gross misconduct or inappropriate and disobedient behavior that I will be financially and physically responsible for all necessary care or transportation of said minor. I understand that I must remove the minor from any class immediately upon request of instructor or staff.

PERMISSION SLIP

I affirm that I am the parent/guardian of said minor and give permission for him/her to attend this event.

Parent/Guardian Signature: _____

Printed Name: _____

Phone Number: _____

Date: _____