

MIDWEST FURRY FANDOM, INC.

This form is required for attendees who are under 17 years of age as of November 30, 2023

Parents and legal guardians: please provide the following medical information.

Temporary guardians: please keep this information with you at all times while at Midwest FurFest. DO NOT GIVE THIS PAGE TO OUR STAFF WHEN YOU REGISTER.

- Doctor's Name: _____.
- Doctor's Address: _____.
- Office and emergency phone numbers: _____.
- Medical insurer and policy number: _____.
- Allergies to medications: _____.
- Other allergies: _____.
- Any conditions for which my minor is currently receiving treatment and other significant medical information:

- Dentist's Name: _____.
- Dentist's Address: _____.
- Office and emergency phone numbers: _____.
- Dental insurer and policy number: _____.

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Parents and Guardians of minors attending Midwest FurFest: By properly completing this form, you, the parent(s) or guardian(s) of the person of one or more minors are appointing a guardian for the duration of Midwest FurFest. Complete a separate form for each minor.

Parents and legal guardians, please provide the following information.

1. My name is _____.
- Address: _____.
 - Telephone Number: _____.

Even though I am not present at Midwest FurFest, I will:

- Be responsible for the acts and omissions of my minor while they are attending Midwest FurFest.
- Defend, indemnify, and hold harmless Midwest FurFest, Midwest Furry Fandom, Inc., the Hyatt Regency O'Hare and the Donald E. Stephens Center from any claim for personal injuries or other damages or equity arising out of the my child's acts and/or omissions while attending Midwest FurFest.
- Accept full responsibility for my minor's acts and/or omissions while attending Midwest FurFest.
- Defend, indemnify, and hold harmless Midwest Furry Fandom, Inc., and its directors, officers, staff, and volunteers, from any responsibility to monitor the whereabouts or activities of my minor or bear any messages from me or any third party to my minor.

2. I am the parent or legal guardian of the following minor under 17 years of age as of November 30, 2023.

- Minor's name: _____.

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3. I appoint the following person as the short-term guardian for my minor:

- Guardian's name: _____.
- Guardian's address: _____.
- Guardian's telephone number: _____.

I understand that the short-term guardian will:

- Be responsible for the supervision and well-being of my minor while they are attending Midwest FurFest.
- Be able to authorize medical treatment for my minor if it becomes necessary while they are attending Midwest FurFest.
- Be able to make all other decisions relating to my minor on my behalf as necessary while they are attending Midwest FurFest.

4. This appointment becomes effective upon ____/____/2023 (when your minor will arrive at Midwest FurFest).

5. This appointment terminates effective upon ____/____/2023 (when your minor will leave Midwest FurFest).

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I consent to the appointment of a short-term guardian under these terms.

Signed: _____.

Parent or legal guardian

BEFORE ME, the undersigned authority, on this day personally appeared:

_____ known to me to be the persons whose name is subscribed to the foregoing instrument, and having been by me first duly sworn an oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and corrected.

Furthermore, the name _____ appears as the Guardian's Name in section 3 above.

GIVEN under my hand and seal of office, this _____ day of _____, 2023.

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

(Name of Notary)

(Signature of Notary)

(Commission Expiration Date) (Seal)

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I accept this appointment as short-term guardian.

Signed: _____
Short-term guardian

BEFORE ME, the undersigned authority, on this day personally appeared:

_____ known to me to be the persons whose name is subscribed to the foregoing instrument, and having been by me first duly sworn an oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and corrected.

GIVEN under my hand and seal of office, this _____ day of _____, 2023.

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

(Name of Notary)

(Signature of Notary)

(Commission Expiration Date) (Seal)