

GREAT LAKES FUR CON, INC.

This form is required for attendees who are under 17 years of age as of May 26, 2017

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

Temporary guardians: please keep this information with you at all times while at Great Lakes Fur Con. DO NOT GIVE IT 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 child or ward 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: _____ .

Parents and Guardians of minors attending Great Lakes Fur Con: 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 Great Lakes Fur Con. Complete a separate form for each child.

Parents and legal guardians, please provide the following information.

1. My name is _____ .

• Address: _____ .

• Telephone Number: _____ .

Even though I am not present at Great Lakes Fur Con, I will:

- Be responsible for the acts and omissions of my child or ward while they are attending Great Lakes Fur Con.
- Indemnify and hold harmless Great Lakes Fur Con, Great Lakes Fur Con, Inc., and the Doubletree Hotel Holland from any claim for personal injuries or other damages or equity arising out of the my child's acts and/or omissions while attending Great Lakes Fur Con.
- Accept full responsibility for my child or ward's acts and/or omissions while attending Great Lakes Fur Con.
- Hold harmless Great Lakes Fur Con, Inc., and its directors, officers, staff, and volunteers, from any responsibility to monitor the whereabouts or activities of my child or ward or bear any messages from me or any third party to my child or ward.

2. I am the parent or legal guardian of the following minor under 17 years of age as of May 26, 2017.

• Minor's name: _____ .

3. I appoint the following person as the short-term guardian for my child or ward:

- 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 child or ward while they are attending Great Lakes Fur Con.
- Be able to authorize medical treatment for my child or ward if it becomes necessary while they are attending Great Lakes Fur Con.
- Be able to make all other decisions relating to my child or ward on my behalf as necessary while they are attending Great Lakes Fur Con.

4. This appointment becomes effective upon May _____, 2017 (when your child or ward will arrive at Great Lakes Fur Con).

5. This appointment terminates effective May _____, 2017 (when your child or ward will leave Great Lakes Fur Con).

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

Signed: _____
Parent or legal guardian

I accept this appointment as short-term guardian.

Signed: _____
Short-term guardian

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

_____ and _____ known to me to be the persons whose names are 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 _____, 20____.

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

(Name of Notary)

(Signature of Notary)

(Commission Expiration Date) (Seal)