

**ANTHRO NEW ENGLAND 2024 - MINOR CONSENT FORM****DISCLOSURE.**

ANTHRO NEW ENGLAND (ANE) 2024 brings together an eclectic group of individuals for a three day celebration of all things anthropomorphic. ANE 2024 is to be held at the WESTIN BOSTON SEAPORT DISTRICT HOTEL, from January 18th 2024, to January 21st 2024, under the auspices of ANTHRO NEW ENGLAND, INC.

Membership is open to all interested parties and there is no process by which members are screened or otherwise evaluated prior to admission. Neither Anthro New England, Inc. nor The Westin 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 their 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 ANTHRO NEW ENGLAND 2024 and agree to the terms and conditions as stated below.

**I agree** to indemnify and hold harmless ANTHRO NEW ENGLAND 2024 (“ANE”, “ANE 2024”), Anthro New England, Inc. and The Westin Boston Seaport District Hotel from any claim for personal injuries or other damages or equity arising from the above-named minor’s activities at ANE 2024. **I agree also** to accept full responsibility for the actions and behaviors of the above-named minor at ANE. **I also agree** that Anthro New England, Inc. bears no responsibility to monitor the whereabouts or activities of the above-named minor, or to convey any messages from myself or from any other party to that above-named minor.

**I understand** that this is a public event, and photos or recordings of the event and event attendees, including the above-named minor, may be taken and used for local media or ANE promotions. I release and give consent to the use of these photos or recordings in compliance with all applicable laws.

If the above-named minor is below the age of 14 at 12:01 AM on January 18th, 2024, I also agree to accompany them and provide supervision according to ANE policy during the convention. In the case I am not able to accompany them, I designate \_\_\_\_\_ as their adult supervision for the duration of this event; said adult is responsible for the above-named minor. In the event of a medical emergency involving the above-named minor, I give consent for treatment and the provision of medical care and/or emergency service provider transport.

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**PARENT/GUARDIAN:**

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 ANTHRO NEW ENGLAND 2024, Anthro New England, Inc., or The Westin Boston Seaport District Hotel.

Signature (Parent or Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Phone (Daytime)

\_\_\_\_\_  
Phone (Evening)

**PARENTAL RELEASE FOR ADULT SUPERVISOR (IF APPLICABLE):**

I have read the above one (1) page Statement of Parental Consent and Indemnification, and I agree that I, the undersigned, will take responsibility for the above-named minor for the duration of ANTHRO NEW ENGLAND 2024.

Signature (Adult Supervisor): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Adult Supervisor

\_\_\_\_\_  
Phone (Daytime)

\_\_\_\_\_  
Phone (Evening)

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**TO BE COMPLETED BY 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 they had executed the same for the purposes and consideration therein expressed, and that the foregoing statements are true and correct.

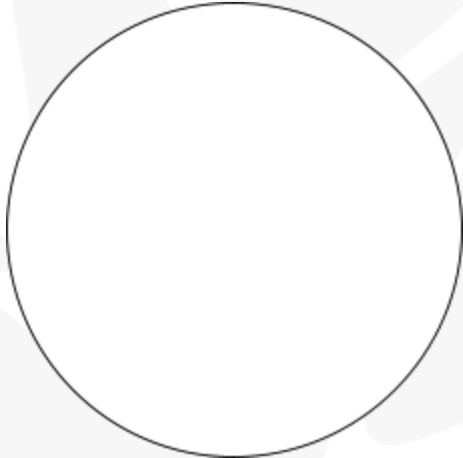
GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year)

Notary Public in and for \_\_\_\_\_ County, in the state of \_\_\_\_\_ .  
(County) (State)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name of Notary)

\_\_\_\_\_  
(Commission Expiration Date)



(Seal)