

Ikasucon 2009 Parental Consent

I certify that I am the parent or legal guardian of the child and agree to accept responsibility for any damages or loss incurred through the actions of the child. I understand that Ikasucon will not be responsible for supervising or monitoring the child and the child may be exposed to inappropriate material. I agree to hold Ikasucon, its agents, and sponsors harmless for any such exposure. In the event I am unable to be located I give consent for my child to be treated by a qualified medical practitioner.

I have read, understand, and agree to the rules of the convention and the child will follow all rules. I understand that breaking any convention rules may result in the child's ejection from the convention, the child being held until I arrive, or the child being turned over police department.

Minor Name (print) _____ Reg ID _____

Parent/Guardian Name (print) _____ Relationship: _____

Parent/Guardian Contact Number (____)____ - _____

Parent/Guardian Signature _____ Date: _____