

AnthrOhio Incorporated Parental Consent Form for All Attendees Under the Age of 18



Hosted At: Hilton Columbus Downtown
401 N High St
Columbus, OH 43215

DISCLOSURE:

AnthrOhio (AO) 2025 is a convention to be held at the **Hilton Columbus Downtown in Columbus, OH, from April 18th – April 20th 2025** that will bring together fans of anthropomorphic art. This event is held under the auspices of **AnthrOhio Incorporated**, which is an Ohio incorporated organization dedicated to facilitating gatherings of anthropomorphic art enthusiasts throughout Ohio and beyond. Neither AnthrOhio Incorporated nor the Hilton Columbus Downtown 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. Policies, Codes of Conduct, and additional details can be found on our website (<https://anthrohio.org>). **All attendees under the age of 18** must present a completed copy of this form to receive their membership. Failure to provide this form will result in a denial of entry to the event.

STATEMENT OF PARENTAL CONSENT AND INDEMNIFICATION:

"I, _____ *(Full Legal Name of Parent or Legal Guardian)* attest that I am a Legal Custodial Parent or Legal Guardian to _____ *(Full Legal Name of Minor)*.

The Minor's Date of Birth is ___ / ___ / ___ , which will make them ___ years of age as of April 18th, 2025.

I understand if the above-named minor is **younger than 16 years of age** as of April 18th 2025 they must be accompanied at AnthrOhio at all times by myself or the following designated adult (if applicable):

_____ *(Full Legal Name of Designated Adult)*. I understand myself or the named designated adult is responsible for the above-named minor while they are attending AnthrOhio.

I give consent for my charge to attend the AnthrOhio 2025 Convention between the dates of April 18th and April 20th 2025, and they, myself, and any accompanying supervisor shall be accountable to all Codes of Conduct for AnthrOhio and Hilton Columbus Downtown. _____ *(Initials of Parent or Legal Guardian)*

In case of emergency I can be contacted at (____) _____ - _____, and empower the designated supervising adult, the AnthrOhio Safety Team, and local Emergency Services to make reasonable emergency medical decisions until such point as I can be contacted.

Additionally, I agree to indemnify and hold harmless AnthrOhio Incorporated and the Hilton Columbus Downtown, from any claim for personal injuries or other damages or equity arising out of the above named minor's activities at AnthrOhio. I agree also to accept full responsibility for the actions and behaviors of the above-named minor at AnthrOhio. I agree also that AnthrOhio, Inc. bears no responsibility to monitor the whereabouts or activities of the above-named minor, or to bear any messages from me or from any other party to the 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 AnthrOhio promotions. I release and give consent to the use of these photos or recordings in compliance with all applicable laws. _____ *(Initials of Parent or Legal Guardian)*"

THE FOLLOWING SECTION MUST BE **EITHER** SIGNED BY A PARENT OR LEGAL GUARDIAN IN PERSON AT THE CONVENTION AND WITNESSED BY AN ANTHROHIO **STAFF MEMBER**, **OR** IN THE EVENT A PARENT OR LEGAL GUARDIAN CANNOT BE PRESENT TO SIGN AT THE CONVENTION A SIGNATURE IN FRONT OF A **NOTARY** MAY BE SUBSTITUTED.

PARENT OR LEGAL GUARDIAN:

I have read the above one (1) page Statement of Parental Consent and Indemnification. I have understood it and agree to its terms. I am voluntarily signing this form without any inducement or representation whatsoever from any member of the staff of AnthrOhio Incorporated nor the Hilton Columbus Downtown.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Phone Number

PARENTAL RELEASE FOR DESIGNATED ADULT (IF APPLICABLE)

I have read the above one (1) page Statement of Parental Consent and Indemnification. I have understood it and agree to its terms. I, the undersigned, will take responsibility for the above-named minor for the duration of AnthrOhio 2025 and to abide by AnthrOhio's code of conduct. I am voluntarily signing this form without any inducement or representation whatsoever from any member of the staff of AnthrOhio Incorporated nor the Hilton Columbus Downtown.

Signature of Designated Adult

Date

Printed Name of Designated Adult

Phone Number

TO BE COMPLETED BY NOTARY OR ANTHROHIO STAFF:

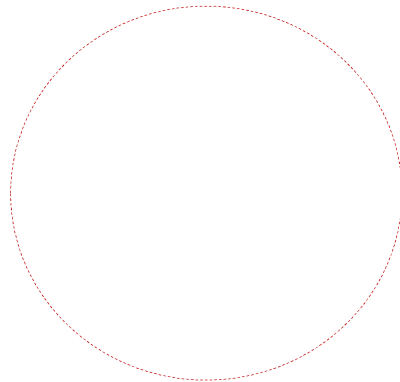
I attest this document was signed before me with a valid State or Federal ID for the Legal Parent or Legal Guardian present.

Signature of Notary or AnthrOhio Staff

Date

Printed Name of Notary or AnthrOhio Staff

(Notary Commission Expiration Date)



Place Notary Seal Here