

TolkienMoot 2011 (MerpCon VII)  
 Convention Parental Consent Form for Minors (under 18 years of age)  
 Hosted by the Inland Northwest Tolkien Society Volunteers.  
**Location: Spokane, Washington at 1506 North Monroe, 99201  
 (509) 328-3285.**  
**Schedule: Friday, Saturday, Sunday July 15<sup>th</sup>, 16<sup>th</sup>, & 17<sup>th</sup>, 2011.**  
 See TolkienMoot website for schedule details: <http://www.tolkienmoot.org>



As a legal parent/guardian of:

Minor Name: (print) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Minor Name: (print) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Minor Name: (print) \_\_\_\_\_ Birthdate: \_\_\_\_\_

(Chaperone/Parent/Guardian Printed Name)

I \_\_\_\_\_ will be present as a chaperone at the convention and will take responsibility for my minor/child/children. I will be providing for transportation of the minor(s) to and from the event facility.

X \_\_\_\_\_  
 (Parent/guardian initials)

OR

I am unable to attend the convention but give permission to for my minor(s) to attend the convention. I will be providing transportation or the minor(s) to and from the event facility.

X \_\_\_\_\_  
 (Parent/guardian initials)

OR

I am unable to attend the convention but give permission to the below-named chaperone(s) to act as chaperone(s) to be responsible for my minor(s) during the convention. I, or chaperone will provide for the transportation of the minor(s) to and from the event.

X \_\_\_\_\_  
 (Parent/guardian initials)

X \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent Guardian signature)

**Chaperone Contact Information (see parent information on second page if parent/guardian)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

I \_\_\_\_\_ (chaperone name) take responsibility for the above listed minor(s) during his/her/their participation at TolkienMoot/MerpCon. I understand that it is my responsibility to see to it that the child/children for which I am responsible, behaves appropriately during his/her/their stay at this convention, and by signing below, I hereby accept such responsibility. I have seen a copy of the convention rules and I am aware of what is expected of the minor(s). I further understand that I will be called upon in the event that there is a problem involving this/these minor(s) and that I will be expected to assist the convention in resolution of such matters as may arise.

X \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature of parent/guardian/chaperone)

**Parent/Guardian Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

I \_\_\_\_\_ (consenting guardian/parent name) give permission to my above named child/children to attend the TolkienMoot/MerpCon Annual Convention. The undersigned does hereby agree to hold harmless and to indemnify the Inland Empire Tolkien Society volunteers, organizers, their agents, affiliates, guarantors, employees, event hosting facilities owners, and/or any assigns thereof, for any and all liability, costs, expenses, incidents and/or occurrences resulting from the undersigned child's/children's actions, while attending the TolkienMoot/MerpCon Convention, whether such liability, costs, expenses, incidents and/or occurrences happens to the undersigned's child/children and/or his/her invitees, or whether such liability, costs, expenses, incidents and/or occurrences happens either on or off the convention premises.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of consenting parent/guardian)

X \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of consenting parent/guardian)

**Additional Emergency Contact Information (in case primary or secondary parent/guardian unavailable):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Witness/Notary first name, last name (printed): \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary stamp and declaration below (if applicable):