

PARENTAL CONSENT FOR MINOR ATTENDEES

This form is required for attendees who are under 18 years of age as of August 10, 2019

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 Furrydelphia, 2019 and agree to the terms and conditions as stated below.

“I agree to indemnify and hold harmless Furrydelphia 2019, Furrydelphia Inc., and its affiliates including the Valley Forge Casino Resort Radisson Hotel and the Bella-Reed Pit Bull Rescue from any claim for personal injuries or other damages or equity arising from the above-named minor’s activities at Furrydelphia 2019. I agree also to accept full responsibility for actions and behaviors of the above-named minor at Furrydelphia 2019. I agree also that Furrydelphia, Inc. bears no responsibility to monitor the whereabouts or activities of the above-named minor, or to convey any messages from me or from any other party to that above-named minor. I agree also that if the above-named minor is less than fifteen (15) years of age, he or she shall be accompanied at all times by myself or another parent or legal guardian while attending Furrydelphia 2019.

“I have read the above one (1) page Statement of Parental Consent and Indemnification, and state that I have understood and am voluntarily signing it without any inducement or representation whatsoever from any member of the staff of Furrydelphia 2019, Furrydelphia Inc., and its affiliates including the Valley Forge Casino Resort Radisson Hotel and the Bella-Reed Pit Bull Rescue.”

SIGNATURE (Parent or guardian): _____ Date: _____

| PRINT NAME OF PARENT OR GUARDIAN | PHONE NUMBER (DAYTIME) | PHONE NUMBER (EVENING) |
|----------------------------------|------------------------|------------------------|
| | | |

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 he/she 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 _____, 20_____.

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

(Signature of Notary)

(Printed Name of Notary)

(Commission Expiration Date)

(Seal)