

## 2026 PARENTAL CONSENT FORM

Please print clearly • All fields are required

This form must be signed by the parent/legal guardian of any minor that wishes to attend Furry Migration.  
**Any minor without a properly completed consent form will not be admitted to the convention.**

- If the minor will be between the ages of **16 and 17** years old during the convention and attending without an adult, this form also requires notarization.
- Any minors **under the age of 16** years old will not be admitted to the convention without a parent/legal guardian in attendance.

\_\_\_\_\_  
*Minor's Legal Name*

\_\_\_\_\_  
*Minor's Date of Birth*

\_\_\_\_\_  
*Parent/Legal Guardian's Legal Name*

\_\_\_\_\_  
*Relationship to Minor*

\_\_\_\_\_  
*Emergency Contact Name*

\_\_\_\_\_  
*Emergency Contact Number*

**By signing below, I give permission for the aforementioned minor to attend Furry Migration for 2026. I agree to indemnify and hold harmless Minnesota Furs for any claim of damage or personal injury that may arise from the aforementioned minor's activities at Furry Migration. I agree to accept full responsibility for any action or misbehavior of said minor. Furry Migration staff or Minnesota Furs bears no responsibility to monitor the location or activities of the minor. By my signature, I acknowledge that I have read, understand, and agree to the Minnesota Furs Code of Conduct and Furry Migration's policy for attending minors without dispute.**

\_\_\_\_\_  
*Parent/Legal Guardian's Signature*

\_\_\_\_\_  
*Date*

### NOTARY USE ONLY

BEFORE ME, the undersigned authority, on this day personally appeared:

\_\_\_\_\_ and \_\_\_\_\_, known to me to be the persons whose names are subscribed to the foregoing instrument, and having been by me first duly sworn an oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and corrected.

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*

\_\_\_\_\_  
*NAME OF NOTARY*

\_\_\_\_\_  
*COMMISSION EXPIRATION DATE / SEAL*

### INTERNAL USE ONLY

Attending Year: 2026

Badge #:

Parent/Guardian Badge #: