



Parental Consent to Attend DerpyCon

(Note: This form is required for all minors under the age of 13.)

Minor's Name: _____

Date of Birth: ____/____/____

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Date of Birth: ____/____/____

I, the undersigned, hereby give consent and warrant that I have the legal authority as the minor's parent or legal guardian to grant such consent, for the above named minor (hereafter referred to as "the minor" or "minor") to attend DerpyCon, taking place on October 30 – November 1, 2026 at Hyatt Regency New Brunswick in New Brunswick, New Jersey.

I understand that participation in the activities at DerpyCon is entirely voluntary and requires participants to abide by all DerpyCon Policies. I release DerpyCon, its staff and organizers, and any other organizations associated with DerpyCon from any and all claims or liability arising out of the minor's attendance. I further accept financial responsibility and agree to fully indemnify DerpyCon and its organizers for any damages caused by the minor, whether caused by their willful conduct or negligence, at any time during their attendance at DerpyCon. In the event that the minor is removed from the convention for failure to follow convention policies, I understand that it is my responsibility to retrieve the minor from the convention.

I understand that the minor must be accompanied at all times by a parent or legal guardian, or the chaperone designated below. For the minor's safety, this means that the person accompanying the minor must also be within the DerpyCon Convention Area when the minor is at DerpyCon. The DerpyCon Convention Area includes event areas, panel and viewing areas, the manga library, the gaming areas, the Exhibitors Hall, and all other spaces in which DerpyCon-run activities are occurring. I understand that if the minor is found unattended, the minor may be removed from the convention area for failure to follow convention policies, and I will be contacted to retrieve the minor. If I (or chaperone named below) fail to accompany the minor within the DerpyCon Convention Area, I understand that I (or chaperone named below) may also be removed from the convention for failure to follow DerpyCon Policies.

In the case of an emergency involving the minor, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the DerpyCon staff and event organizers to secure proper treatment, including contacting emergency medical personnel. I grant permission to qualified medical providers to render the medical care that they deem necessary and appropriate.

I acknowledge that photographs and recordings will be taken at the event, which may include the minor's image. I agree that these may be used for promotional or chronicling purposes, that may include, but are not limited to: DerpyCon's website, social media, slideshows, booklets.

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Email: _____

Relationship to Minor: _____

Parent/Guardian Signature: _____ Date: _____

In the event I am unable to personally accompany the minor to DerpyCon, I designate _____, who is at least 18 years of age, as my child's chaperone. In the event of an emergency, I understand the chaperone will be contacted first and every attempt will be made to contact me as well.

Parent/Guardian Signature: _____ Date: _____

Chaperone Signature: _____ Date: _____ DOB: _____

Chaperone Phone Number: _____