** OTAKU FEST REGISTRATION**April 6th, 2019 at Centennial High School in Ellicott City, MD

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State:\_\_\_\_\_ Area Code:\_\_\_\_\_\_\_\_\_**

**Phone #: (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_**

**Registration Type (check one)**☐ **Check** ☐ **Cash**  ☐ **Online
Amount Enclosed:\_\_\_\_\_\_\_\_\_\_\_**Please make payable to ***Centennial High School***

Please review and sign the waivers to the right. If you are under the age of 18, your parent/legal guardian must completely the parental consent. An incomplete of incorrectly filled waiver of parental consent is grounds for refusal of service.

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If you have paid for your **registration online**, please **complete this form and bring it with you to Otaku Fest in order to receive your convention badge.**

**Attendee Waiver**
By signing below, I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold blameless CHS Otaku Fest, Howard County Public School System, Centennial Anime Club and its subsets, sponsors, cooperating organizations, other parties connected with this even in any way, individually or collectively, and any of its members, from and against any blame or liability for injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained to me or my possessions as a result of participation in Otaku Fest events or any activities associated herewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I understand that information and policy about this event is subject to change without consent of knowledge. I also hereby consent to abide by all Otaku Fest attendee policies and understand failure to do so is grounds for removal from the convention. I also give full permission for the use of my photograph in connection with this event.
X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Attendee Signature*

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**Parental Consent**
I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby acknowledge that I have read, understood, and agree to the above waiver terms with regards to my child and I understand that my child is responsible for his/her own behavior and actions at all times. If my child becomes involved in behavior or actions that presents a danger to himself/herself and/or others, appropriate steps will be taken to protect all participants of the convention. I agree that, in the event of an injury, the convention staff may act on behalf in obtaining medical treatment for my child. I have indicated in the space provided below and/or on the back of this form any permanent or temporary conditions that should be known about my child.
X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Parent/Legal Guardian Signature*
**In case of an emergency, I may be contacted at:
Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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