

CopperCon
PO Box 62613
Phoenix AZ 85082

Membership type: Full Youth (9-12) Kid-in-Tow (0-8) (Limit 2 per adult member)

Name _____

Badge Name _____

Address _____

City _____ State _____ ZIP _____

Email _____ Birth Date: _____

The fine print: Central Arizona Speculative Fiction Society (CASFS) dba _____ will not sell any of this information to a third party. I agree that CASFS may use and/or share this information to contact me for informational purposes.

Check this box if you do not wish to be contacted about non-CASFS events.

Check this box if you do not wish to be contacted at all.

I release CASFS for all liability in the event of accident, damage, or theft while on premises. Acceptance of this membership and entry into (convention name) constitutes an agreement to allow CASFS, its agents or assignees to use your image and/or likeness for advertising or promotion by CASFS by any media now known or hereafter devised.

The membership badge remains the property of the convention until the close of the convention and must be surrendered on demand.

The convention reserves the right to refuse admission to or to eject any person whose conduct is deemed in the sole discretion of the CASFS Board to be disorderly. A charge of \$25 will be assessed against all bad checks. Memberships are transferable but **non-refundable** and the convention is not responsible for lost forms.

By signing this form I certify that I am 18 years of age or older and agree to the terms listed above.

Signature: _____ Date _____

Parental Consent

If the above listed person is under 18 years of age this section must be completed by a parent or legal guardian.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Minor's birth date _____ Relationship to minor: _____

I _____ give my authorization and 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 to attend the _____ convention ("Convention"). I understand that the Convention staff, organizer's, employees and/or agents, etc, have no responsibility whatsoever to monitor or supervise the minor at any time during the Convention, and I agree to hold (Convention name), the Central Arizona Speculative Fiction Society, its Board of Directors, organizer's, employees and/or agents, etc, harmless of any wrong doing, claims, demands or liability. I further accept financial responsibility and agree to fully indemnify Convention for any damages caused by my child, whether caused by his/her willful conduct or negligence, at any time during his/her attendance at the Convention. By checking this box I agree to the terms above

Parent/Guardian Signature: _____

Printed Name: _____

Parent/Guardian Contact Phone Number: _____ Date: _____

Office Use Only

Payment: CASH _____ Check # _____ on bank _____