

27TH ANNUAL NAAF INTERNATIONAL CONFERENCE

Washington, DC | Thursday, July 19 through Sunday, July 22, 2012

Parent Permission & Responsibility Form

Please complete and return one form for each child participating in the 27th Annual NAAF International Conference. (Please make copies if necessary).

- Registration forms will not be accepted without a completed permission form for each child.
The undersigned as parent or guardian gives permission to the National Alopecia Areata Foundation (NAAF) for his/her child to participate in the NAAF International Conference activities at the Hyatt Regency Hotel in Washington, DC, Thursday, July 19 through Sunday, July 22, 2012.
The undersigned understands and agrees that participation in the National Alopecia Areata Foundation International Conference shall be at the undersigned's sole risk, and that the NAAF, its agents, employees, officers, directors, and contractors shall not be liable for any injuries or any damage to such child and hereby waives and releases the National Alopecia Areata Foundation and its agents, employees, officers, directors, and contractors from any liability or claims for such injuries or damages. The undersigned understands that he/she is solely responsible for the conduct of the child throughout the NAAF Conference.

The undersigned acknowledges that this agreement constitutes the entire understanding and agreement concerning liability and responsibility at the NAAF Conference.

I have carefully read and understand the foregoing agreement and agree to the terms and conditions.

PRINT NAME (PARENT/GUARDIAN)

SIGNATURE

CHILD'S FULL NAME

CHILD'S DATE OF BIRTH AGE

HOME PHONE NUMBER

CELL PHONE NUMBER

