

# Maize and Blue Math Circle

## Fall-2017

### Parent/Guardian Consent Form

Student Name:

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As the parent/guardian, I certify that \_\_\_\_\_ has my permission to participate in the Maize and Blue Math Circle (hereinafter referred to as "Math Circle").

#### Release of Liability

In consideration of the participant attending the Math Circle, the undersigned parent/guardian hereby releases and holds harmless the Regents of the University of Michigan and its students and employees (hereinafter collectively referred to as "University") and Math Circle from any and all liability occurring during the participation of the above-named child in the Math Circle.

In particular, the undersigned parent/guardian acknowledges that he/she and such child will not hold the University or Math Circle liable for any expenses, property damages, personal injuries and/or death sustained by such child while participating in the program. Furthermore, the undersigned parent/guardian acknowledges that he/she has been, prior to the commencement of his/her student's participation, aware of and understands the risks involved in such activity. Moreover, the undersigned parent/guardian is prepared to assume, on behalf of such child and himself/herself, all such risks as the sole responsibility of the parent/guardian and child.

It is my understanding that said child will be subject to the rules and regulations of the University of Michigan-Dearborn and the Math Circle. I understand that any student found in possession of fireworks, explosives, any and all weapons, or under the influence of, alcohol or illegal drugs will be immediately expelled from Math Circle. I also understand that if my child repeatedly disobeys University or Math Circle policies and regulations, he/she may be expelled from the program.

#### Authorization to Consent to Treatment

I understand that if a health emergency arises, I will be notified, but that if I cannot be reached immediately, such medical treatment as deemed necessary by competent medical personnel at appropriate health care facilities are authorized by my signature on this form. Such medical care and treatment may include, but is not limited to, x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which is deemed advisable by, and is to be rendered under the general supervision of any physician or surgeon, for the above-named minor which, in their judgment, is

necessary for the health and well-being of said minor.

I assign payment to those medical vendors for all services that these same medical vendors may render. It is understood that this authorization is given in advance of any specific diagnosis, treatment or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment or hospital care which may be deemed advisable. I understand that I am responsible for any costs incurred that are not covered by insurance and I agree to hold the University of Michigan-Dearborn and Math Circle, its employees or agents harmless for any liability arising out of any good faith actions taken in seeking and obtaining medical treatment for above-named minor.

### **Media Reproduction & Distribution Release**

I allow for my child to be photographed participating in Math Circle and for such photos to be used in University or Math Circle publications that reflect upon my child in a positive manner.

### **Terms of Agreement**

The terms and conditions of this Agreement shall be legally binding upon the undersigned parent/guardian and such child and his/her respective estate, representative and assigns.

Student Signature:

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Date:

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Parent/Guardian Name (Print):

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Parent/Guardian Signature:

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Date:

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