2025-2026 WAIVER TO PARTICIPATE IN NORTHERN NEVADA MATH CLUB (Nevada Math) PROGRAMS

INFORMATION IS REQUIRED TO BE WRITTEN CLEARLY!

STUDENT'S LAST NAME: _____ FIRST NAME: _____ GRADE: _____ AGE: _____

PARENT/GUARDIAN NAME: _____ Phone: 1-(____)_____ 2-(____)_____

ADDRESS: _____ City, State, Zip: _____

As the parent or guardian of _____ ("Student"), I give permission for Student to participate in Northern Nevada Math Club Inc ("Nevada Math")'s 2025-2026 programs.

I understand that I am ultimately responsible for my Student at Nevada Math programs. I understand that if my child is sick, my child should not attend Nevada Math programs in-person and may be sent home if my child is, appears to be(come), or becomes sick at a Nevada Math program.

I authorize Nevada Math to use the name, affiliation, and/or likeness of Student and/or myself ("Likeness") in promotional or publicity materials, advertising or other manner or media. This may include photographs, sound and/or video recordings, films, broadcasts (including but not limited to tv news reports), brochures, publications (including but not limited to newspaper reports), reports, web pages, promotional materials, social media, press releases, and any other audio-visual, electronic, printed, tangible work in any media or format, no known or hereafter to become known, and/or any reproductions of any of these. I agree that the actual material involved is and shall continue to be the property of Nevada Math and that neither I, nor the Student, shall have any right of review or approval regarding the use of the Student's name and/or Likeness in such material. Further, I authorize organizations through whom Nevada Math licenses contests to include my child's names or initials in their rankings and award listings. **[note to parent or guardian: you may opt out of this permission by striking out the sentence in which it appears.]**

I agree not to hold Nevada Math, Competition Team members, board members, volunteers, advertisers, sponsors, UNR, NSHE, NSU, other program hosts, or any of its agents responsible for accidents or injuries to Student or exposure to illnesses other than those specifically caused by willful individual negligence, in which case liability shall be limited to the responsible individual or individuals.

It is understood that Student is to make every effort to behave responsibly at Nevada Math programs, including adhering to schedules and rules established by the Nevada Math program organizers and volunteers.

While I am ultimately responsible for my Student while at Nevada Math programs, in case of a medical emergency concerning Student at a time when I cannot be located, I authorize Nevada Math Staff or Volunteer with custody of this Authorization in original, photocopy, or digital format to consent to any necessary medical care or treatment, including hospitalization. Staff/Volunteer shall have the following powers: The power to seek appropriate medical treatment or attention on behalf of Student as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits; and the power to authorize medical treatment or medical procedures in an emergency situation. I affirm that I am authorized to give the permissions included herein.

Please list CLEARLY any medications, allergies, or other relevant medical information pertaining to Student that may be needed by medical staff in the case of an emergency:

Student DOB: _____ Sex: _____ Preferred Hospital: _____

Parent Signature: _____ Date: _____ Dr. Name: _____

Parent Email: _____@_____ Dr. Phone #: _____