

UNIVERSITY of  
NORTHERN COLORADO



*College of Natural and Health Sciences  
School of Mathematical Sciences*

**AGREEMENT FORM  
(Mail/Email back by May 18, 2016)**

I agree to the following terms and have filled out the required documents:

- (1) I understand that my child is required to attend all three days of the camp, unless there is an emergency or health issue.
- (2) On Tuesday May 31<sup>st</sup> 2016, I will make sure to check-in and drop off my child between 8:30-8:55 AM and pick up or arrange a pick up for my child between 3:30-3:45 PM.
- (3) On Wednesday June 1<sup>st</sup> and Thursday June 2<sup>nd</sup>, I will make sure to drop off my child between 8:45-8:55 AM and pick up or arrange a pick up for my child between 3:30-3:45 PM.
- (4) I filled out the emergency contact and health form. I understand that Northern Colorado Math Circles has no control over what Holmes Dining Hall serves and what my child choose to eat at the dining hall and as snacks during the camp.
- (5) My child will be dressed appropriately and **will bring a water bottle.**

Your Name: \_\_\_\_\_

Your Contact Information: \_\_\_\_\_

Your child(ren's) Name(s): \_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **EMERGENCY CONTACT and HEALTH FORM:**

**(1) Please write the name of the person who will pick your child up each day:**

Tuesday May 31<sup>st</sup> Pick-up Person:

Wednesday June 1<sup>st</sup> Pick-up Person:

Thursday June 2<sup>nd</sup> Pick-up Person:

**(2) In case of any emergency, who should we contact and how?**

Emergency Contact Person Name(s):

Contact Information (please provide as much information as possible, e.g., phone, email address):

**(3) Please list all the health-related issues and instructions that we should know (e.g., any food allergies, insulin shots, asthma attacks...):**

PHOTO RELEASE AND WAIVER FORM

IF THE PARTY IS OF FULL AGE (18 for this contract purpose), complete the following down to the Consent section; otherwise, **the parent or legal guardian must also sign.**

I, (student name) \_\_\_\_\_ do hereby give the Northern Colorado Math Circles and the University of Northern Colorado, its assignees, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations for advertising, trade or in any other lawful purposes, and I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or posting image on website, that may be created in connection therewith. I am of full age (18). I have read this Release and Waiver and am fully familiar with its contents. I understand that the University of Northern Colorado cannot control the use of my name or image once such name or image is published.

**I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily and irrevocably give my consent and agree to this Release and Waiver.**

Signature of person whose printed name appears above.

Signature \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

---

**If student is under the age of 18, his or her parent or legal guardian must also sign.**

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights therefrom.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_