

The Mersenne Society of Mathematics

Registration Form

The Mersenne Society, Box 33, Wichita State University
1845 Fairmount St., Wichita, Kansas 67260-033

Parent(s)/Guardian(s): _____

Email: _____

Phone: _____

Student: _____

Grade: _____ School: _____

Student: _____

Grade: _____ School: _____

Student: _____

Grade: _____ School: _____

Student: _____

Grade: _____ School: _____

Check all that applies: Math Reading Club ☐ Level 1 ☐ Level II ☐ Level III

Young Researcher Club ☐ Grade level: _____

RELEASE/PHOTO CONSENT/MEDICAL AUTHORIZATION

In consideration of the opportunity for myself and my child/ward to participate in the Mersenne Society of Mathematics (MSM) and with full and complete understanding of the consequences of my decision, I agree to release and hold harmless MSM and its representatives, from any and all claims for injuries and damages, including claims of negligence, that may arise for any reason as a result of mine and my child's/ward's participation in the MSM.

I understand that my child must be accompanied by parent/guardian to all events and the guardian/parent must be present during the event.

I hereby grant permission to the MSM to take photographs or videos of myself, my child/ward's while we are participating in the MSM and to use any such photographs or video, without charge or fee, for publicity or other legitimate purpose relating to the operation of the MSM, including publicity or promotion of the MSM in social media.

I represent that my agreement to and acceptance of the provisions herein is wholly voluntary, and further understand that prior to my signing and acceptance of this agreement, I have the option of consulting with an advisor, counselor, or attorney of my choice.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (Please print): _____

Student Signature: _____

Date: _____

(If 18 years or older)