



University of Utah
Department of Mathematics

Math Circle 2004-2005 Parent/Guardian Consent Form

Student Name: _____

Address: _____

_____ Phone: _____

Emergency Contact: _____

Relationship to Student: _____

Emergency Phone Number: _____

I acknowledge that it is my responsibility to read and understand the University of Utah's policies governing student behavior (University Policy 8-10), which are available to me on the University's web site, and to assure that my student will abide by the applicable policies and normal standards of classroom behavior, and I hereby request that the University of Utah (the "University") allow my student to participate in the UU Math Circle program. By requesting and authorizing such participation in this class by this minor, I acknowledge that I am aware of the nature and content of the program and understand and assume the risks associated with participation and agree not to allege or attempt to impose any liability on the University in the event of any damage, injury, or loss resulting from such participation except if such damage, injury or loss is the result of negligent conduct of the University.

I acknowledge that there is no charge for participation in the UU Math Circle program. I further acknowledge that student participation in the Math Circle is completely voluntary and will not result in any academic credit.

Parent or Guardian Signature: _____ Date: _____

Please return this form to:

UU Math Circle, Attn: Kathleen Kerr
University of Utah
Department of Mathematics
155 South 1400 East, Rm. 233
Salt Lake City, UT 84112-0090