Charlotte-Mecklenburg Regional Julia Robinson Mathematics and Computing Festival (JRMF)
Parental Consent Form

Medical Release
During the Charlotte-Mecklenburg Regional JRMF, a first-aid kit will be available, and if necessary, the student will be taken to a medical care facility. Parents will be informed of any medical treatment the student has received.

In case of a major medical emergency, such as acute appendicitis or serious injury, I hereby authorize any medical treatment, which may be advised or recommended by attending medical personnel for my child/ward. When possible, I will be notified by telephone before any procedures are done.

We hereby give my permission to any doctor, hospital, or other medical agency to release confidentially to the Student Health Service Physicians or Nurse Practitioners of the University of North Carolina at Charlotte's Health Center any information that they may have concerning my child's medical condition and their professional contact with my child. I further authorize the UNC Charlotte Health Center to release to any doctor, hospital, or other medical agency providing medical service to my child and any information they may have concerning my child's medical condition and their professional contact with my child.

Property Damage
I understand and agree that the University is not responsible for loss or damage of my child's/ward's personal property while participating in the JRMF. I will assume responsibility for paying the cost of repair or replacement of University property that is lost or damaged by my child/ward.

Photo and Video Release
I hereby consent to being photographed, videotaped, or audio-taped by UNC Charlotte in connection with the above-named event or activity; provided, however, that UNC Charlotte has authority to use or reproduce such photographs, video recordings, or audio recordings for UNC Charlotte educational or promotional purposes only. I understand that UNC Charlotte will not distribute such photographs, video recordings, or audio recordings to any third party, or use such photographs, video recordings, or audio recordings for any other purpose without my further written consent and agreement.

General Permission and Liability Release
I understand that JRMF includes a wide range of activities and grant permission for my child/ward to participate in these activities. I discharge and release the University of North Carolina at Charlotte, JRMF, and their employees and agents from any claims or liability that may arise because of personal injury, property damage or loss, or loss of life, either suffered by my child/ward or caused by him/her to any third party, which may result from or have its origin in participation in the JRMF.

We understand that failure to abide by the University of North Carolina at Charlotte and the JRMF policies and regulations may lead to the student's dismissal from the program. We understand that the director of the program has the authority to dismiss the student for behavior that is not specifically covered in UNC Charlotte policies and regulations, but which is contrary to the educational goals of the JRMF. Finally, we understand that in the case of violations covered by state law, the JRMF staff is legally required to report the violations to local law officials for handling.

We have personally supplied this information and I attest that it is true and complete to the best of my knowledge. We understand that the campus has the authority to establish and enforce other regulations in addition to the JRMF's policies and regulations.

By submitting this form, I hereby agree to the terms disclosed above for the UNC Charlotte JRMF.

Parent Signature: ___________________________ Date: ___________________________

Student Name: ___________________________