

ACTM Regional Math Contest

UNIVERSITY OF CENTRAL ARKANSAS

DEPARTMENT OF MATHEMATICS

March 3, 2012

PHOTOGRAPHY CONSENT FORM

My child, _____ (**please print**), is registered to participate in the ACTM Regional Mathematics Contest to be held on March 3, 2012 in the Department of Mathematics at the University of Central Arkansas.

My child will be participating in the *Algebra / Geometry/ Algebra II / Trig-PreCalculus / Calculus / Statistics* (**circle one**) contest.

As the parent / legal guardian I give my consent for my child to be photographed and his/her name printed, if necessary. I understand that random photographs may be printed on the UCA website, the Department of Mathematics website, and possibly in the *Log Cabin Democrat* and *Arkansas Democrat-Gazette* newspapers; and I give my permission for such.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian