

ACTM Regional Math Contest
UNIVERSITY OF CENTRAL ARKANSAS
DEPARTMENT OF MATHEMATICS
March 6, 2010

PHOTOGRAPHY CONSENT FORM

My child, _____ (please print), is registered to participate in the ACTM Regional Mathematics Contest to be held on March 6, 2010 in the Department of Mathematics at the University of Central Arkansas, and 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 newspapers *Log Cabin-Democrat*, and *Arkansas Democratic Gazette* and I give my permission for such.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian