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## Media Waiver Form

MATHCOUNTS State Competition \_\_\_\_\_  
March 12 and 13, 2010

By signing below, I give my consent to Minnesota MATHCOUNTS and the Minnesota Society of Professional Engineers to use the student's name, comments, photograph, and likeness in order to promote the MATHCOUNTS competitions in Minnesota.

I certify that I am the legal guardian of the student with the right to give this consent. I understand that the student may be photographed or videotaped.

I further understand that the student may be called upon by journalists to answer questions about his or her involvement in this program and I also will allow the student to speak to any media via phone or in person about this program.

Date \_\_\_\_\_

School name \_\_\_\_\_

Teacher name \_\_\_\_\_

Name of participating student \_\_\_\_\_

Parent name \_\_\_\_\_

Parent signature \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please have teacher or student bring this form on the day of the competition.

Steve Strauss