



Belize Math Olympiad

Minor Release and Consent Form



SOCIAL SECURITY BOARD

Bliss Parade, Belmopan, Cayo District

Phone: 822 - 2163| 2471| 2513

Fax: 822-0207

E-mail: bmo@socialsecurity.org.bz

Website: www.socialsecurity.org.bz/math_olympiad.htm

Please type or print.

Name of child _____ School _____

I acknowledge that I am the parent/guardian of the child named above and that I have read this consent and release form and fully understand and intend to be legally bound by its content. I consent to the unrestricted use without payment by the Social Security Board and the Belize Math Olympiad Planning & Execution Committee and their employees, agents, appointees and assigns of the name, video, photograph and likenesses of the child named above for editorial, publication or advertising purposes and I hereby release the said Social Security Board and the Belize Math Olympiad Planning & Execution Committee and their employees, agents, appointees and assigns from all claims which I or the child named above may have arising out of the use of the name, video, photograph or likeness of the child named above. I also consent to the attendance and participation of the child named above in the Belize Math Olympiad Competition, February to March, 2010.

I HAVE READ THIS AGREEMENT CAREFULLY AND I UNDERSTAND AND ACCEPT IT WITHOUT RESERVATION. NO PROMISES OR REPRESENTATIONS HAVE BEEN MADE TO ME TO INDUCE ME TO SIGN THIS AGREEMENT. I ACCEPT THIS AGREEMENT VOLUNTARILY AND FREELY.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Mailing Address

1. Entry of students into the Belize Math Olympiad should receive parents' / guardians' support and approval.
2. Please submit to Belize Math Olympiad Planning & Execution Committee by Second Friday in December, 2009.