

**BOWDOIN COLLEGE AMERICAN MATHEMATICAL COMPETITIONS
REGISTRATION/MEDICAL RELEASE FORM AND RELEASE OF
CLAIMS/INDEMNITY**

INFORMATION

Name of Student: _____ Date of Birth: _____

Home Address: _____

School: _____

Special Medical problems, allergies to medication:

Name of Parent or Guardian: _____

Home Address: _____

Business Address: _____

Phone Numbers: _____

PERMISSION, MEDICAL RELEASE AND RELEASE OF CLAIMS/INDEMNITY

The undersigned parent or guardian hereby gives permission for the above-named student to participate in the American Mathematics Competitions at Bowdoin College.

The undersigned parent or guardian and the undersigned student hereby authorize a representative of Bowdoin College to consent to any medical treatment for the student in the event of an emergency.

The undersigned parent or guardian and the undersigned student, on behalf of themselves, their personal representatives, heirs, successors and assigns, hereby release, discharge, indemnify and hold harmless Bowdoin College, its Trustees, officers, agents and employees from and against any all claims, liabilities, demands, causes of action, losses, debts, costs and expenses of every kind and nature whatsoever (collectively, "Claims") arising directly or indirectly from or attributable in any way whatsoever to my child's visit to Bowdoin College, including without limitation any and all such Claims arising directly or indirectly from or attributable in any way whatsoever to any act or omission, including any negligent act or omission, on the part of Bowdoin College, its Trustees, officers, agents or employees.

By signing below, the undersigned parent or guardian and the undersigned student each acknowledge (i) that he/she has read and fully understands all the provisions of this Permission, Medical Release and Release of Claims/Indemnity.

Signature of Parent/Guardian

Date

**Please return to Sue Theberge, 8600 College Station, Bowdoin College, Brunswick, ME 04011.
Forms must be received before students can participate in the competitions.**

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