

National Math Pentathlon® Academic Tournament

School: _____

District: _____

PENTATHLETE Information

Pentathlete's First & Last Name

Parent's First & Last Name

PARENT AGREEMENT

must be completed to participate

Please initial as indicated.

*** I have read and understand all rules and directions on this form. The registered Pentathlete has learned all five (5) games according to tournament rules.

*** By entering the **National Mathematics Pentathlon Tournament**, I release the Pentathlon Institute, Inc. and its sponsors, organizers, and affiliates as well as their employees from all claims I shall or may have against them as a result of my child's participation in this event.

*** I also agree that the Pentathlon Institute, Inc. and its assignees may use mine or my child's name/photo/video taken during this event and/or in its preparation to promote the program free and clear of any claim whatsoever on my part.

My signature on this form indicate an understanding and agreement to the above statements.

_____/_____/_____
Parents or Guardians Signature Date

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