

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 indicates an understanding and agreement to the above statements.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Parents or Guardians Signature Date**

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