



NYU Courant Institute Center for Mathematical Talent
'Math Circle for Middle School'

ACKNOWLEDGEMENT OF RISK AND RELEASE AND WAIVER OF LIABILITY FORM

As parent or legal guardian of the child whose name appears below, I acknowledge that there are certain risks inherent in my child's participation in the 10-week 'Math Circle for Middle School' program, which will take place on Saturdays (February 4,11, March 4,11,18,25, April 22,29, May 6,13) of year 2017 . These risks include, without limitation, risks associated with travel to, from and in around New York City and my child's participation in the math program's activities.

In consideration for permitting my child to participate in the Event to be sponsored by New York University (the 'University'), I hereby agree:

(a) to release and discharge the University from any liability or responsibility for any personal or bodily injury (including death), and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with my child's participation in the Event including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or administration or other employees, agents, servants or representatives of the University;

(b) not to raise any claim or institute any legal action or proceeding, on my behalf or on behalf of my child, against the University for any cause of action that may result from or arise out of or in connection with my child's participation in the Event including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or administration or other employees, agents, servants or representatives of the University; and

(c) to indemnify the University and hold it safe and harmless from and against any claim or cause of action asserted by my child, or on behalf of my child, against the University, for loss of, or damage or injury (including death) to, his or her person or property resulting from, arising out of, or occurring in connection with my child's participation in the Event.

All references to the University in this form shall include, and all provisions of this form shall inure to the benefit of, the University's trustees, officers, employees, agents, servants, and representatives.

This acknowledgement of risk and release and waiver of liability are governed by and construed in accordance with the laws of the State of New York applicable to contracts entered into and intended to be performed solely within the State of New York. I shall submit to the jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of disputes arising hereunder or relating hereto, regardless of the place of execution hereof.

Student Name (print name)

Student Date of Birth

Parent/Legal Guardian (print name)

Date

Parent/Legal Guardian Signature

Date

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Emergency Contact Form

Please print clearly and list emergency contacts that can be reached 24 hours/day, 7 days/week.

Student Name: _____

Student ID Number (NYU N#): N _____

Section I – Personal Information

1) Student NYU E-mail: _____

2) Student Cellphone Number: _____

3) Address (No. and Street): _____

Apartment No.: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

Alternate Phone: (____) _____

Section II – Emergency Contact Information

Emergency Contact 1 – Name: _____

Relationship to student: _____ Phone: _____

Emergency Contact 2 – Name: _____

Relationship to student: _____ Phone: _____

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Image Release Form

I hereby give my permission to New York University to use photographs or videos in which my picture or image appears for all purposes and in all media including, without limitation, brochures, advertisements, and other promotional materials.

Student Name *(please print)*

Student Signature *(to electronically sign in Adobe, select Sign in above toolbar)*

N _____
Student NYU N#

_____ Date

Student is a minor: Yes
 No

Name of parent or guardian, if student is a minor *(please print)*

Signature of parent or guardian, if student is a minor
(to electronically sign in Adobe, select Sign in above toolbar)

Authorization for Treatment of a Minor

RETURN BY MAIL TO:

NYU Student Health Center • Health Information Management Services
 726 Broadway, Suite 334, New York, NY 10003-9580

(Complete this form only if student will be under the age of 18 while at NYU.)

Name: _____
First M.I. Last

Date of Birth: ____/____/____ Student I.D. #: N _____
Month Day Year 8-digit number on back of I.D. card

Local Address (while at NYU): _____

Permanent Address: _____

Local Phone: (_____) _____ - _____ Permanent Phone: (_____) _____ - _____

Person to Notify in Case of Emergency: _____

Relationship: _____ Phone Number: (_____) _____ - _____

Insurance Company: _____

Policy Number: _____ Insurance Co. Phone: (_____) _____ - _____

To Parents or Legal Guardian

If your son, daughter, or ward will be under the age of 18 years while at New York University, it is our policy to secure your consent for medical treatment. By signing the form below, you will be giving your consent for any medical evaluation and treatment necessary to ensure the continued health of the student. In the event of a major health problem, whenever possible, specific permission will be obtained from you.

Authorization for Treatment of a Minor

I, _____, being the parent or legal guardian of _____, give my consent to NYU Student Health Center, the physicians and other personnel on its medical staff, to administer such care, procedures and treatment that is deemed necessary and in the best interest of the patient. As long as the medical or surgical treatment considered necessary in the situation is in accordance with the generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, so state): _____

I understand that this authorization is good until the time in which the minor mentioned above reaches his/her 18th birthday.

Signature: _____ Date: _____
Parent or Guardian

Address: _____ City: _____ State: _____ Zip: _____

Witness: _____ Phone: (_____) _____ (_____) _____
Daytime Evening