

American University
DC Math Circle
Consent and Release Agreement

Participant's Name: _____ ("Participant")
Date of Birth: _____ / _____ / _____
Participant's Address: _____

Dates of Program: January 2025 - April 2025
Name of Program: DC Math Circle ("Program")
Description of

Program: This is a weekly program designed for 4th-8th graders who enjoy learning about and who are seeking new challenges in mathematics.

*These forms may be filled out electronically, but all signatures must be done by hand. Please print it and sign.
Please scan and return these forms by email to rsteiner@american.edu*

Terms and Conditions

As a participant in the Program, I agree to the following:

1. I will comply with all directions of the Program staff given in the performance of their duties. I understand that if I do not comply with all directions and rules or otherwise conduct myself in a responsible manner, I may be immediately removed from the Program and sent home at my own cost.
2. I will not leave the campus of American University during the Program without a member of the Program staff.
3. I will conduct myself in a safe and prudent manner while participating in this Program.
4. I will provide proof of medical insurance coverage.
5. I authorize the University to secure necessary emergency medical treatment in the event of injury or illness while participating in the Program.

Participant's Representations to the University:

Fitness to Participate and Emergency Medical Treatment: I represent to American University that I am physically fit and capable of participating in all activities of the Program; there are no health-related reasons or problems of which I am aware that preclude or restrict me from participating in the Program. I agree that I am solely responsible for determining my own limitations with regard to any activity.

Assumption of Risk & General Release:

I understand that participation in the Program is entirely voluntary. The activities during the Program may include but are not limited to academic exercises, use of equipment, and campus recreational activities. I understand that participating in the Program involves risks and I knowingly and voluntarily assume them. I agree that in consideration of American University sponsoring the Program and permitting me to participate in this Program, I, on behalf of myself and my representatives, will indemnify, defend, and hold harmless American University, its officers, agents, employees, successors, and assigns from liability for any and all claims, demands, rights or causes of action, present or future, resulting from or arising out of any travel or activity related to the Program.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

I and my Legal Guardian have read and understand the above provisions and agree to be bound by them, as indicated by our signatures below.

(Participant's signature)

(Participant's Printed Name)

(Legal Guardian or Parent's signature)

(Legal Guardian or Parent's Printed Name)

Emergency Contact Information

Must include **two** emergency contact persons:

Parent/Legal Guardian

Name: _____

Relationship: _____

Home Phone Number: _____

Work Phone Number: _____

Cellular Phone Number: _____

Address: _____

Other

Name: _____

Relationship: _____

Home Phone Number: _____

Work Phone Number: _____

Cellular Phone Number: _____

Address: _____

Photo Release (optional)

As indicated by my signature below, I hereby give permission to American University to use my name and any photograph taken of me during the Program, without compensation, in any promotional materials and publications related to the educational activities of American University.

(Participant's signature)

(Participant's Printed Name)

(Legal Guardian or Parent's signature)

(Legal Guardian or Parent's Printed Name)

DC Math Circle

Spring 2025

Program Rules

We look forward to welcoming you to American University’s campus for DC Math Circle this Spring semester! While you are at the Math Circle, you will be expected to be aware of these Program Rules and abide by them. We ask that students and parents/guardians read over these rules carefully as failure to read the rules does not constitute an excuse for unacceptable behavior. Please review the Rules and include all necessary signatures.

• Math Circle Dates and Hours

DC Math Circle is a weekly program offered during the Spring semester of 2025 on Wednesday evenings, from 6:30-7:30 pm, beginning Wednesday, January 29, and concluding Wednesday, April 2, skipping March 12. Any changes in these meeting times will be announced.

Please remember that students must be escorted or supervised by a parent, legal guardian or other Authorized Adult, such as a Math Circle instructor, while on American University’s campus.

• American University’s Code of Conduct prohibits the following:

- 1. physical abuse of any person, including, but not limited to, physical assault with bodily injury
2. conduct which threatens or endangers the health or safety of any person
3. conduct of a sexual nature, including, but not limited to, sexual contact or physical exposure directed at another person(s) without consent
4. using, possessing, distributing, or manufacturing a weapon, or possessing any object produced as a weapon
5. arson
6. violation of local, state, or federal law
7. intentionally initiating or causing to be initiated any false report, warning, or threat of fire, explosion, or other emergency
8. theft of property or services or knowingly possessing stolen property
9. harassment or intimidation
10. in university matters not covered by the Academic Integrity Code: dishonesty; misrepresentation; fraud; forgery; or knowingly using false information, documents, or instruments of identification
11. intentionally or recklessly destroying or damaging university property or the property of others
12. entry, attempt to enter, or remaining without authority or permission in any university office, residence hall room, university sponsored event, or university premises
13. tampering with, or unauthorized or fraudulent use of, campus telephone equipment, telephone credit cards, or access codes
14. abuse of university computer equipment, networks, systems, or services
15. intentionally or recklessly interfering with normal university or university-sponsored activities, including, but not limited to, studying, teaching (including class sessions and office hours), research, university administration; or fire, police, or emergency services
16. disorderly conduct or interfering with the rights of others
17. illegal gambling or gaming, as defined by state or federal law
18. willfully failing to comply with the directions of university officials, including public safety officers or housing staff members, acting in performance of their duties
19. unauthorized use of the university’s corporate name, logo, or symbols
20. violations of other published nonacademic university regulations or policies, including, but not limited to, policies related to discrimination and discriminatory harassment, sexual harassment, computer use, the residence halls, hazing, and amplification of sound
21. attempting to engage in any of above prohibited conducts
22. violating the terms of any disciplinary sanction imposed in accordance with this Code

I have read the above rules and understand that I am required to follow these rules at all times during the DC Math Circle program. Failure to abide by these guidelines may result in disciplinary action that could include immediate dismissal from the program.

Student Signature _____

Date _____

Parent/Legal Guardian Signature _____

Date _____

DC Math Circle
Spring 2025
Student Health Insurance Form

All DC Math Circle students must have health insurance while attending the Circle.

Please follow these instructions to provide evidence of your current health insurance.

- Make a copy of your insurance card.
- Fill out this form.
- Return this form to DC Math Circle, **making sure to include a copy of your insurance card.**

I declare that I have medical insurance coverage for accident and sickness in force in the U.S. that will cover me during my enrollment in DC Math Circle.

(Print) Student's Name

(Print) Name of Insured

Relationship to Student

Name of Insurance Company

Policy Number

I acknowledge that health insurance is required to attend the DC Math Circle at American University.

(Signature of Student)

(Date)

(Signature of Parent or Guardian)

(Parent/Guardian Printed Name)