

STUDENT TRIP AUTHORIZATION - ARML 2025

TO: The MATHLEAGUE.ORG ARML TEAMS ("Team") and AUTHORIZED CHAPERONES ("Chaperones"):  
As the parent or guardian of \_\_\_\_\_ ("Student"), I give permission for Student to participate in the American Regions Math League ("ARML") contest in Reno, NV or Iowa City, IA (circle one) and related travel on one or more days spanning May 29 through June 1, 2025. I understand that travel will be by airplane, charter bus, or vehicles driven by Chaperones, and Student is hereby given permission to ride in any vehicle driven by a Chaperone. I further authorize mathleague.org and the American Regions Math League to use the name, affiliation, and/or likeness of Student in promotional or publicity materials. I agree not to hold mathleague.org, the Team, or any of its agents responsible for accidents or injuries to Student other than those specifically caused by willful individual negligence, in which case liability shall be limited to the responsible individual or individuals. It is understood that Student is to make every effort to behave responsibly on the trip, including adhering to schedules and curfews established by the Chaperones. Furthermore, it is understood that this trip is not an officially-sponsored trip of the school that Student attends or any other school unless the school has specifically designated the trip as such. In case of a medical emergency concerning Student at a time when I cannot be notified, I authorize Chaperones with custody of this Authorization to consent to any necessary medical care or treatment, including hospitalization. The Chaperones shall have the following powers: The power to seek appropriate medical treatment or attention on behalf of Student as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits; and the power to authorize medical treatment or medical procedures in an emergency situation. By registering for ARML, each participant acknowledges and accepts there are health risks associated with attending ARML on-site. Participants will be required to comply with any COVID regulations applicable to the contest location, and participants agree that ARML is not responsible for any health-related consequences that arise as a result of participation in ARML. I affirm that I am authorized to give the permissions included herein.

Telephone numbers where Parent/Guardian may be reached during the trip:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Student's doctor: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Parent/Guardian's Insurance: \_\_\_\_\_

Insurance Policy No. or Group No.: \_\_\_\_\_

*Please list any medications, allergies, or other relevant medical information pertaining to Student on the back of this sheet.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_ [Date] by  
\_\_\_\_\_ [name of principal].

[Notary Seal, if any]:

\_\_\_\_\_  
(Signature of Notarial Officer)

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_