

STUDENT RELEASE FORM

| I (parent/guardian or student age 18 or older) | _give Trine University |
|--|------------------------|
| permission to photograph my child (or self for students age 18 and older) | during |
| the 48th Annual High School Mathematics Competition at Trine University on Fe | ebruary 26, 2025. |
| I give Trine permission to use the image and information to announce results of t | he competition and to |
| give Trine all rights to use this sound, still, or moving images/recordings in any m | nedium for educational |
| promotional, advertising or other purposes that support the mission of the univers | ity. I agree that all |
| rights to the sound, still, or moving images belong to Trine University. | |
| Signature of parent/guardian or student age 18 or older Date | |
| Student's name, please print | |
| Name of student's school and class year | - 4 |
| Day Phone Email | |

1 University Ave. Angola, IN 46703-1764