

Parent/Guardian Consent

Team Name	Advisor Control Number
I	(Parent/Guardian Name)
give permission for my son/daughter/ward	
	(Student Name)
to participate in the International Mathematic	cal Modeling Challenge (IM ² C).
In the event that my son's/daughter's/ward's	team is designated as a national finalist or
international finalist, I give permission to discl	ose their name in any 2023 IM ² C press releases, and to
publish their resulting solution paper or soluti	on abstract.
I also give permission to release their name,	
	(Student Name)
to local newspapers, radio or television outlet	s in recognition or their outstanding achievement.
Signature:	(Parent/Guardian Signature)
Date:	

