

Participation Form Al-Khwarizmi International Mathematics and Informatics Olympiad

Personal Information

Family name: Date of Birth: Delegation: With your signature you confirm the following: You fulfill the participation conditions outlined on KHIMIO 2025 web site (only for contestants). During the event, the organizers take photos and videos. These are published online and/or used in printed material. Some may be labeled with your name. The organizers reserve the right to allow third parties (such as the media) to take pictures and film recordings, and/or use photos and videos made by the organizers. After the event, a ranking of the competition including the names, scores and awards of all participants will be published. The ranking will include your uploaded picture. You are responsible for ensuring adequate insurance coverage (e.g. health, accident, and liability insurance). Please note that your health insurance may not include international coverage by default. The organizers do not accept any liability. If you do not consent to any of the above, state below what you do not consent to: Place, date Signature of the participant For underage participants the confirmation of a parent or legal guardian is required: Signature of the participant	Given name			
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