

**USA Regional Round**  
**10th Annual International Mathematical Modeling Challenge**  
**(IM<sup>2</sup>C)**  
**2024**

**2023 HiMCM Team/Control Number:**

US- \_\_\_\_\_

**Parental/Guardian Authorization Form**

I \_\_\_\_\_ (Parent/Guardian Name\*)

give permission for my son/daughter/ward

\_\_\_\_\_ (Student Name)

to participate in the 10th Annual International Mathematical Modeling Challenge (IM<sup>2</sup>C). In the event that my son's/daughter's/ward's team is designated as an Outstanding winner, I give permission to disclose his/her name in the June 2024 IM<sup>2</sup>C press release, and to publish their resulting solution paper or solution abstract. I also give permission to release

\_\_\_\_\_ (Student Name)

to local newspapers, radio or television outlets in recognition of his/her outstanding achievement.

Signature: \_\_\_\_\_ (Parent/Guardian Name\*)

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

\*School administrators may sign in the case of residential schools.