



As organizers of the EGMO 2017, the safety and well-being of all our participants is our highest aim.
To support us in our efforts, please provide the following form filled in and signed by the legal guardian(s) of each participant under 18 years.

Participation at the European Girls' Mathematical Olympiad (EGMO) 2017 – Parental Consent

Travel and stay EGMO 2017

- By means of this document, I, as the legal guardian, authorize my child:
 - to enter and exit Switzerland in accordance with Swiss legal requirements and
 - to stay at Jugendherberge Zürich, Mutschellenstrasse 114, 8038 Zürich Wollishofen (ZH).

The destination of my child in Switzerland is the European Girls' Mathematical Olympiad 2017 in Zürich, hosted by the Association of the Swiss Mathematical Olympiad (imosuisse), from April 6 to April 12, 2017. The participants will be accompanied most of the time by the deputy leader or by a guide of the EGMO 2017.

- I, as the legal guardian, acknowledge that my daughter is responsible for her own actions.

Insurance

All participants are responsible for obtaining full accident, health, liability and travel insurance. The host stresses the fact that *health, accident and liability expenses in Switzerland are generally much higher than in any other European country*. Neither imosuisse as the host organization, nor any members or volunteers, are liable for any expenses arising from failure to obtain such insurance. Further information can be found in the annual and general regulations of the EGMO 2017.¹

- I, as the legal guardian, acknowledge that I am aware of these regulations and facts.

Photography and Filming

In accordance with the annual regulations of the EGMO 2017, any photographs and videos made during the event can be published. Unless clearly indicated otherwise in the following, the host organization may assume the consent of the participant and their legal guardians:

Details of participant

Given/first name:
Family/last name:
Date of Birth: (MM/DD/YYYY)
Passport / ID number:

Details of legal guardian(s)

Given/first name(s):
Family/last name(s):
Emergency contact email:
Emergency contact phone:

Loco parentis (if desired)

The following person or people (if any) are placed in loco parentis for my child:

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Date and signature(s)

Date:

Signature of legal guardian(s):

Location:

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¹ www.egmo2017.ch/regulations.pdf

