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Address:		
Signature:		Date:
	of my wish to participate in the 2017 <i>I</i> d related activities of the National Muse	MoMathlon, a middle school mathematics eum of Mathematics, I agree:
(1) that the Nation to the 2017 <i>MoN</i>	•	presentatives) may photograph me during my visit
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Museum of Math (including for inv	hematics from any claim of any nature	d executors, I irrevocably release the National, known or unknown, that I have or ever may have ving me in a false light, or breach of my right of the or likeness as described.
		s will rely on this release and that I may not revoke by the laws of the State of New York applicable to
	* *	*
If the person abo	ove is a minor, a parent or legal guard	ian must sign below:
•	legal guardian of the minor who signe terms of this release.	ed above, and I agree that such minor and I are
Signature:		Date:
Print Name:		
Address:		