

PORTLAND WORKFORCE ALLIANCE

Would any of those work for you?y

STUDENT AGREEMENT PARENT PERMISSION FORM

What:	Multnomah County IT and Network Security Career Day			
Date:	Wednesday, November 7, 2018			
Check-in time:	8:45am	Start/End time:	9:00 am – 12:00 pm	
Registration closes:	When filled. Seats fill fast! Send a registration form and await confirmation.			
Meeting location:	Multnomah County Building – 501 SE Hawthorne Blvd			
Transportation:	Students are responsible for their own transportation to and from the event.			
What to wear:	Dress to impress! Business casual attire is best. No shorts, sweat pants, crop tops, hats, t-shirts with objectionable logos/graphics or gum. Nice, clean jeans are ok.			
For more information:	Visit <u>www.portlandworkforcealliance.org/events</u> for more information. <u>Students</u> should direct questions to their School Contact (career coordinator or teacher) <u>School Contacts</u> direct questions to PWA staff (<u>career@portlandworkforcealliance.org</u>)			

By signing below the student and parent/guardian acknowledge the following:

- The student will attend and participate fully in activities and the entire program.
- The student will not be allowed to leave the premises or leave early; attendance will be taken periodically.
- The student agrees to conduct him/herself appropriately as representatives of his/her school.
- The student agrees to show respect for PWA and event staff, school personnel, and other students.
- The student will dress appropriately for the event. (See "What to wear" above.)
- The parent/guardian gives permission for the student's picture or video to be taken at the event and for those photos or recordings to be used for promotional and educational purposes.
- The parent/guardian permits the student's name to be on participant roster distributed to school contacts.
- Portland Workforce Alliance and other involved companies (named above) have no liability for this activity. Each participant is responsible for his/her own safety and agrees not to look to PWA or other involved parties with regard to liability for any claims related to participation in activities at the event.
- The student will abide by employer non-disclosure policies, such as restrictions on taking photographs or sharing any proprietary information.

STUDENT					
Student Name (Print):	School:				
Grade: 9 10 11 12	Best way to reach you:				
Cell phone:	Email (Print clearly):				
Student signature:		Date:			
PARENT/GUARDIAN PERMISSION					
Parent/Guardian Name (Print):	Day phone:				
Alternate emergency contact name:	Day phone:				
Parent/Guardian signature:	Date:				
SCHOOL CONTACT ENDORSEMENT					
School Contact Name (Print):	School job title:				
Day phone:	Email (Print clearly):				
School contact signature:		Date:			

EMAIL COMPLETED FORM (VIA SCAN OR PHOTO) TO CAREER@PORTLANDWORKFORCEALLIANCE.ORG