

Student Agreement / Parent Permission Form

What: **Design Week Portland Career Day (at Ziba Design)**

Date: **Wednesday, April 18, 2018**

Check-in time: 8:45 am **Start/end time:** 9:00 am – 2:45 pm (lunch is provided)

Registration closes: **When filled.** Seats fill fast! Send a registration form and await confirmation.

Meeting location: Ziba Design (1044 NW 9th Ave, Portland, OR 97209)

Transportation: Students are responsible for their own transportation to and from the event.

What to wear: Dress is business casual. NO shorts, sweat pants, crop tops, caps/hats, t-shirts with objectionable graphics or gum. Nice jeans are ok if clean. Wear comfortable walking shoes.

Visit www.portlandworkforcealliance.org/events for more information.

For more information: **Students** should direct questions to their School Contact (career coordinator or teacher)
School Contacts should direct questions to PWA staff (susan@portlandworkforcealliance.org)

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 gives permission for the student’s name to be included on the participant roster that will be 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: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Best way to reach you: <input type="checkbox"/> Cell phone <input type="checkbox"/> Email
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 to PWA staff (susan@portlandworkforcealliance.org)