

## Student Agreement / Parent Permission Form

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

**Date:** **Friday, April 20, 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:** Instrument (3529 N Williams Ave, Portland, OR 97227)

**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](http://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](mailto: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](mailto:susan@portlandworkforcealliance.org))**