

STUDENT AGREEMENT PARENT PERMISSION FORM

What: AWS Elemental Career Day
Date: Wednesday, February 13, 2019

Check-in time: 12:45 PM **Start/End time:** 1:00 – 4:00 PM

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

Meeting location: AWS Elemental – 1320 SW Broadway, Suite 400 Portland, OR 97201

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 Visit <u>www.portlandworkforcealliance.org/events</u> for more information.

information:

Students should direct questions to their School Contact (career coordinator or teacher)
School Contacts direct questions to PWA staff (career@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 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	
Cell phone:	Email (Print clearly):	
		<u></u>
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: