

**What:** Microsoft DigiGirlz Career Day      **Date:** Thursday, April 4, 2019  
**Check-in time:** 8:45 am      **Start/End time:** 9:00 am – 3:00 pm  
**Registration closes:** *When filled. Seats fill fast!* Send a registration form and await confirmation.  
**Meeting location:** Mt. Hood Community College, Building 10 – 26000 SE Stark Street, Gresham, Oregon 97030  
**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.  
**Lunch:** Lunch will be provided by Instrument.  
**For more information:** Visit [www.portlandworkforcealliance.org/events](http://www.portlandworkforcealliance.org/events) for more information.  
**Students** should direct questions to their School Contact (career coordinator or teacher)  
**School Contacts** direct questions to PWA staff ([career@portlandworkforcealliance.org](mailto: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: <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 FORMS (VIA SCAN OR PHOTO) TO [CAREER@PORTLANDWORKFORCEALLIANCE.ORG](mailto:CAREER@PORTLANDWORKFORCEALLIANCE.ORG)**

**\*REQUIRED TO ATTEND: A COMPLETED MICROSOFT RELEASE FORM (SEE REVERSE)\***



# DigiGirly

## RELEASE FORM

I give my permission for my child \_\_\_\_\_ [NAME] to attend the **Portland DigiGirly** event scheduled for **April 4, 2019 at Mt. Hood Community College**.

1. Microsoft and event photographers may use pictures of my child for professional promotional purposes related to my child's participation in the DigiGirly, including studio display, advertisements, web site, and portfolio.

2. Microsoft and the event press team may use and reproduce my child's name and/or quotations for promotion purposes related to my child's participation in DigiGirly, including publication on the World Wide Web, in the United States or elsewhere at any time.

3. I understand that neither my child nor I have any right to receive compensation or benefit in connection with this release, and I have no claims against Microsoft and its agents arising out of Microsoft and its agents use as described above.

Child's School: \_\_\_\_\_

Print Child's Name: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_