Permission Slip for Girls’ Science Day at Columbia University

I hereby give permission for my child or subject of my legal guardianship, ______________________________ [name of child], to participate in Girls Science Day at Columbia University in the City of New York on Nov. 10, 2012.

I understand:
1. That this event includes the use of chemicals and that the event is under the supervision of graduate students and faculty of Columbia University

2. That, where appropriate, the participants may be asked to wear protective gear such as goggles and gloves, which will be provided by the supervisors, and

3. That participants will be required to obey all safety mandates and instructions from Chemistry and Physics Department staff and faculty and will be asked to leave the program in the event of non-compliance.

I have listed below any allergies, health conditions, or other physical conditions that might impact the participation by my child in this event.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Parent/Legal Guardian: ______________________________

Date: ______________

Name of Parent/Legal Guardian: ______________________________

Emergency contact phone number: (______) _______ -- _____________
Optional Photo Release Permission Slip for Girls’ Science Day at Columbia University

As you know, Girls’ Science Day is on the Internet: [http://www.columbia.edu/cu/wisc/gsd/index.html](http://www.columbia.edu/cu/wisc/gsd/index.html)

We would like to post photographs of this event for our participants, their family & friends, our volunteers, sponsors, and future participants so they can see what a great time we have at Girls’ Science Day.

Your child’s safety, though, is a top priority to us. We will not post students’ names anywhere on the website. We will not post your child’s work or pictures without your permission. Thus, we are asking you to consider completing this optional form to give us permission to share picture(s) of your child.

By marking "YES" and signing below, I give my permission to Girls' Science Day, Women in Science at Columbia, and Columbia University to use, without limitation or obligation, photographs which may include my child's image in publications and on the Girls' Science Day, WISC, or Columbia University website.

By marking "YES" and signing below, I hereby release and discharge Girls' Science Day, WISC, and Columbia University, as well as the person taking photographs, from any and all claims and demands arising out of the use of these photographs.

___ YES, my child may be photographed for these purposes
___ NO, I do not want my child to be photographed

Name of Child __________________________________________

Name of Parent/Guardian________________________________

Parent/Guardian Signature________________________________

Date______________