

Columbia University in the City of New York New York, NY 10027
Department of Chemistry Havemeyer Hall
TEL:(212) 854-2202 FAX: (212) 932-1289

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: (_____) _____ -- _____

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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>

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 _____