MICROSOFT DIGIGIRLZ
CAMBRIDGE - INVITATION TO REGISTER

About DigiGirlz Day in our newly renovated Cambridge, MA location

During the event, students interact with Microsoft employees to gain exposure to careers in business and technology and to get an inside look at what it's like to work at Microsoft. This exciting event provides girls with career planning assistance, information about technology and business roles, thought-provoking exercises, interesting Microsoft product demonstrations, and an Hour of Code certification. By participating in the Microsoft DigiGirlz Day, young women can find out about the variety of opportunities available in the high-tech industry and can explore future career paths.

Location: Microsoft New England Research & Development Center
Address: 1 Memorial Dr Ste 1, Cambridge, MA 02142
Phone: (617) 494-0167
Date: Friday, April 27, 2018
Time: 8:30am – 3:00pm
Continental Breakfast and Lunch will be served

STUDENTS INTERESTED IN PARTICIPATING SHOULD CONTACT MR. QUEEN (617-910-7105 or Durrell.Queen@bostonpic.org) TO REQUEST PERMISSION FORMS AND MORE INFORMATION!

Deadline to submit permission forms packet: Friday, April 13th
Boston Private Industry Council Photo Release Form

I ______________________________ (print name), grant the Boston Private Industry Council (PIC) authorization to photograph (including both camera and video) and publish my photo/video in any publications, websites, and/or news releases.

I further hereby grant to the PIC and its representatives, employees, partner organizations, agents and assigns, my consent to use my photograph/video and likeness, name, and placement information associated with the photograph in its publications, promotional materials, news releases and website.

I hereby waive any right that I may have to inspect or approve the finished product or the printed matter that may be used in connection with the photograph/video.

______________________________  __________________
Signature                       Date

______________________________  __________________
Parent or Guardian Signature,   Date
(if above named is under the age of 18 years)
RELEASE FORM

I give my permission for my daughter __________________ [NAME] to attend the Microsoft DigiGirlz event on **Friday, April 27, 2018** at the Microsoft New England Research & Development Center located at One Memorial Drive in Cambridge, Massachusetts.

1. Microsoft and event photographers may use pictures of my child for professional promotional purposes related to my child’s participation in the Microsoft Day for Girls, 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 the Microsoft Day for Girls, 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.

Print Child’s Name: __________________________________________________________

Signature of Parent/Legal Guardian: ____________________________________________

Print Name of Parent/Legal Guardian: __________________________________________

Date: ______________________________________________________________________
# Parental Authorization for Day Field Trip

## Directions:

**Students:**
1) Complete the “Student Agreement” section.

**Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:**
1) Complete the “Authorization & Acknowledgement of Risks” section.
2) Complete the “Medical Authorization” section.

<table>
<thead>
<tr>
<th>School Name: New Mission High School</th>
<th>Student Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date(s) of Trip:</strong> Friday, April 27, 2018</td>
<td><strong>Destination:</strong> Microsoft New England Research &amp; Development Center – Cambridge, MA</td>
</tr>
<tr>
<td><strong>Purpose(s):</strong> Microsoft DigiGirlz Day</td>
<td></td>
</tr>
<tr>
<td><strong>List of Activities:</strong> Career panel, activities focused on business and technology career paths, hour of code certification</td>
<td></td>
</tr>
</tbody>
</table>
| **Supervision:** (Check One)  
  X Students will be directly supervised by adult chaperones on this trip at all times.  
  ____ Students will be directly supervised by adult chaperones on this trip with the following exceptions: |
| **Mode of Transportation:** (Check all that apply.)  
  □ walking  
  □ school bus  
  X MBTA  
  □ Other _________________ |
| Students will leave from: |
| (where) | (time) |
| Students will return to: |
| (where) | (time) |
| **Chaperone(s) in Charge:** |
| **Chaperone/Student Ratio:** |

## STUDENT AGREEMENT

While participating in this field trip, I understand I will be a representative of BPS and my community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Boston Public Schools’ Code of Conduct.

__________________________________________        _______________________
Student Signature                                                                               Date
**AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS**

I understand that my/my child’s participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on the front page of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child’s participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under BPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless BPS and any of the individuals and other organizations associated with BPS in this field trip from any claim or liability arising out of my/my child’s participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Boston Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that BPS is not responsible for my/my child’s supervision during such periods of time when I/my child may be absent from a BPS supervised activity. Such occasions are noted in the “Supervision” section in this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BPS Code of Conduct, and to abide by all decisions made by teachers, staff, and those in authority. I agree that BPS has the right to enforce these rules, standards, and instructions. I agree that my/my child’s participation in this field trip may at any time be terminated by BPS in the light of my/my child’s failure to follow these regulations, or for any reason which BPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

**MEDICAL AUTHORIZATION**

I certify that I am/my child is in good physical and behavioral health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to disclose to BPS any medications (including over-the-counter/herbal) and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

<table>
<thead>
<tr>
<th>NO:</th>
<th>My child DOES NOT require medication during this trip.</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES:</td>
<td>My child DOES require medication during this authorized trip. If you checked yes, please describe in the space below the type of medication and the required administration of this medication. If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again. If necessary, attach additional page.</td>
</tr>
</tbody>
</table>

**SIGNATURES**

*If the applicant is at least 18 years of age, the following statement must be read and signed by the student:*

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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</table>

*If the applicant is under 18 years of age, the following statement must be read and signed by the student’s parent or legal guardian:*

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: __________________________________________ to participate in all aspects of this trip.

(student)

<table>
<thead>
<tr>
<th>Parent/Guardian Signature/s</th>
<th>Date</th>
</tr>
</thead>
</table>

*The student, if at least 18 years of age, or the parent/legal guardian must complete the information below:*

Print Parent/Guardian/s First and Last Name/s:

Address:

Telephone: (CELL, HOME, WORK)

Emergency Contact’s First and Last Name (other than parent/guardians):

Relationship to Student: Emergency Contact’s Telephone #s: