

**MICHIGAN CELEBRATION OF WOMEN IN COMPUTING
PARENTAL CONSENT FORM**

I have reviewed the Michigan Celebration of Women in Computing (MICWIC) conference program information and grant permission for my child (print name) _____ to participate in all educational and social activities of the event held at the MSU Kellogg Biological Station Conference Center and sponsored by Michigan State University, Michigan Technological University, Walsh College, Calvin College, Wayne State University, Kettering University, Van Buren Intermediate School District, University of Phoenix, Baker College, Spring Arbor University, Michigan Association for Computer Users in Learning, Washtenaw Community College, Central Michigan University, Kalamazoo College, Oakland University, and Eastern Michigan University.

I understand that the conference begins at 4:00 pm on Friday, April 3, 2009 with registration beginning at 3:00 pm and ends at 3:30 pm on Saturday, April 4, 2009. Students under the age of 18 must be accompanied by a chaperone if he/she is planning on staying at KBS from Friday to Saturday. Saturday only attendance without a chaperone is also available, with registration opening at 8:00 am.

CONDUCT

I understand that my child must report to all conference activities on time, use Michigan State University Kellogg Biological Station property for its intended purpose, and treat fellow attendees with respect. Failure of my child to act in a safe and appropriate manner may result in my child's dismissal from the conference and forfeiture of any fees paid to attend.

PHOTOGRAPHY RELEASE

I authorize the MICWIC to record the image and voice of my child and give MICWIC and all persons or entities acting pursuant to MICWIC's permission or authority, all rights to use the recorded images and voice. I understand that said images will be used for educational, advertising, promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

MEDICAL TREATMENT AUTHORIZATION

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MICWIC personnel may be unable to contact me for my consent for emergency medical care. I consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care.

ASSUMPTION OF RISK AND RELEASE FOR LIABILITY: Knowing that my child's participation in the Program entails some risks, and in consideration of my child being permitted to participate in the Program, I agree to release Michigan State University and the MICWIC organizing committee, its officers and employees from any and all costs, claims, injury or illness resulting from my child's participation in the Program.

I accept the Program rules and regulations. I have been advised that I should look to my own insurance policy in case of injury. I have read and fully understand this document. All blank spaces were filled in and/or sections crossed out prior to my signing below.

Parent/Guardian Signature _____

Print Name of Parent/Guardian _____

Emergency Phone Number: _____

Print Name of Child/Children in Program: _____

Date: _____

Form must be received by **March 20, 2009** to avoid late registration fee.
Please mail or fax completed form to:

Denise Fleming
Department of Computer Science & Engineering
Michigan State University
3115 Engineering Building
East Lansing, MI 48824
Fax: (517) 432-1061

If you have questions, please contact Denise Fleming at dfleming@msu.edu or (586) 322-3536.