



Student Permission Form

Name of Student: _____

School Name: _____

Grade: _____

Address: _____

Parent/Guardian Name(s): _____

Emergency Contact Phone Number (s): _____

The student above wishes to participate in Oakland Unified School District's Dinner with a Scientist, a voluntary event held on May 7 or 8, 2018 from 5-8 pm at the Chabot Space and Science Center with optional pre-event visit to onsite exhibits. As stated in California Education Code 35330, I understand that I hold Oakland Unified School District, its agents and employees, harmless for any and all liability of claims, which may arise out or in connection with my child's participation in this activity. My signature is shown below and I hereby agree to have my child follow the event guidelines. By signing this request, I acknowledge that I have carefully read this voluntary participation form and expressly grant authority to, and indicate consent to, the possible release of educational information about or relative to, the participation of this student in the activities of the event. Such information shall include, but not be limited to, the release of photographs, media reports, and audio-visual reproductions.

Parent/Guardian Signature: _____