

DAUGHTERS AND SONS TO WORK DAY 2014

Registration Information Packet

BERKELEY LAB EMPLOYEE/PARENT CONSENT FORM (Please Print Legibly)

Name (Lab Employee or Affiliate) _____

Department: _____

Division: _____

Extension: _____

Cell Phone: _____

Building/Room: _____

- **Please do not take your child off site** for lunch or out of workshops without making prior arrangements with WD&E staff before 18 April 2014. **(Please Initial)** _____
- You must forward your phone number to a person who knows where you will be at all times or have your cell phone listed and turned on. **(Please Initial)** _____
- Parents **MUST** come to the Cafeteria to pick up their children by 3:30 p.m. **(Please Initial)** _____
- **Photo / Video Release**

By participating in Daughters and Sons to Work Day, you give permission to The Regents of the University of California, the Lawrence Berkeley National Laboratory and to WD&E (collectively WD&E), and each of their agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, websites, including social media, and exhibits) any image or recording in which you appear, to use and cite any comment(s), verbal or written, you may make about the program, and to use your name in connection with any publication and in such manner as determined by WD&E.

By your arrival at the event, you hereby release and discharge the Regents of the University of California, the Lawrence Berkeley National Laboratory, the WD&E, as well as the Department of Energy (DOE) and the United States Government, and each of their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of them, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action, claim and/or demand of any nature whatsoever arising from the activities described in the preceding paragraph concerning use of your image, name, recorded voice and/or verbal or written comments you may make about the program. **(Please Initial)** _____

Please Print Legibly

I agree to allow my child (Guest 1) _____, to participate in "Daughters and Sons to Work Day" at Berkeley Lab. This agreement authorizes the Laboratory to administer medical treatment to my child in an emergency. Further, I waive all responsibility of the Laboratory in case of an accident.

Parent/Guardian (Signature) _____ Phone: _____

I agree to allow my child (Guest 2) _____, to participate in "Daughters and Sons to Work Day" at Berkeley Lab. This agreement authorizes the Laboratory to administer medical treatment to my child in an emergency. Further, I waive all responsibility of the Laboratory in case of an accident.

Parent/Guardian (Signature) _____ Phone: _____

I agree to allow my child (Guest 3) _____, to participate in "Daughters and Sons to Work Day" at Berkeley Lab. This agreement authorizes the Laboratory to administer medical treatment to my child in an emergency. Further, I waive all responsibility of the Laboratory in case of an accident.

Parent/Guardian (Signature) _____ Phone: _____

Safety Note: To participate in the activities safely, all participants must wear closed-toe shoes and their legs must be covered: (Please Initial) _____

ALL CHECKS MUST BE MADE PAYABLE TO **UC REGENTS**

TOTAL AMOUNT PAID: \$ _____

Send Parent Consent Form, and Check to:
DSTW, MS 7R0222 by Friday 18 April, 2014