



PRESENTS:

# WOMEN in STEM Conference

(Science, Technology, Engineering and Mathematics)

6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Grade Girls

**SATURDAY,  
MARCH 7, 2020**

**8:30 AM TO 2:30 P.M.**

**James M. Grant Student Life Center  
SIMPSON UNIVERSITY  
2211 College View Dr.  
REDDING, CA 96003**



### Schedule:

8:30 – 9:15 am	Registration and Breakfast
9:15 – 9:45	Welcome/Keynote
10:00 – 10:40	Session 1
10:50 – 11:30	Session 2
11:40 – 12:20 pm	Session 3A/Lunch A
12:30 – 1:10	Session 3B/Lunch B
1:20 – 2:00	Session 4
2:00 – 2:30	Closing Session

Increase interest and awareness, combat stereotypes, cultivate a sense of belonging, and provide young women with the opportunity to meet and form personal contacts with professional women in STEM career fields

### Registration link:

<https://eyh.techbridgegirls.org/conferences/AAUWReddingSTEM/>

Register early for optimum selection of sessions.  
Some sessions close.

**COST:** \$20 per student, \$20 per adult  
**REGISTRATION AND PAYMENT MUST BE RECEIVED BY February 22<sup>nd</sup> WHEN REGISTRATION CLOSES.**

Some scholarships are available.

For more information/registration link visit [AAUWRedding.org](http://AAUWRedding.org) or email [AAUWReddingSTEM@gmail.com](mailto:AAUWReddingSTEM@gmail.com)  
AAUW Empowering Women since 1881



SHASTA COUNTY OFFICE OF EDUCATION



of the Northern Sacramento Valley





## Permission Slip Form/Release and Waiver for Minors

Student Name (Print Legibly) \_\_\_\_\_

Student Grade \_\_\_\_\_ Student School: \_\_\_\_\_

I hereby give permission for this youth to attend and participate in the **AAUW Women in STEM Conference March 7, 2020**. I acknowledge that activities will include working with materials, equipment, and understand the possible risk involved (materials list included below). I hereby release AAUW from responsibility and liability for any illness or injury that my child may sustain during this event. In the event of an emergency, I hereby authorize an adult leader of this event as agent for me, to consent to any X-RAY examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I hereby grant the AAUW, its licensees, affiliates, subsidiaries and affiliated companies the irrevocable worldwide right to photograph, film, videotape, record, re-record, edit, use and re-use on television and in all media, now known or hereafter developed, in any and all versions, (including, without limitation, digitized versions), my name, voice, portrayal, performance, appearance, actions, likeness and/or biographical information (collectively the "Material") and to use such material, in whole or in part, or without restriction as to changes or alterations, in connection with AAUW Women in STEM Program as well as for promotion, publicity and advertising of the program.

I hereby release AAUW and its officers, agents, licensees, employees and directors, from any and all claims resulting from my participation in the promotion, including without limitation any claims for libel, invasion of privacy, or personal injury. This agreement constitutes the entire understanding of the parties.

I gave nothing of value to any AAUW member for the right to appear. I represent that I am at least eighteen years old; if I am under the age of 18, my parent/legal guardian has approved the terms of this agreement where indicated below. If I am signing this on behalf of a minor, I represent and warrant that I am legally authorized to and hereby agree to the terms of this agreement on behalf of my child or ward.

**AAUW Women in STEM Conference March 7, 2020:** MATERIALS WILL INCLUDE, BUT ARE NOT LIMITED TO: Food & Beverage, Goodie Bags and workshop items.

Signature of Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Address (Printed) \_\_\_\_\_

Date \_\_\_\_\_

Carefully complete and sign the next page.  
Both pages must be completed and brought to  
registration for entrance & in order that the minor can participate.

My child is in good health and is at or above the minimum age of 10. I understand that physical exertion may be required and my child has no known disabilities or health problems, which will present any risk to his/her participation in the activities.

Student Name (print): \_\_\_\_\_

MEDICAL INFORMATION (print legibly):

Allergies (food, medication, other): Medications Being Taken:

Medical Insurance Co.: \_\_\_\_\_

Name of Policy Holder: Policy Number: \_\_\_\_\_

My child can participate with reasonable accommodations. Yes No

Please explain: \_\_\_\_\_

**During the activity, I (we) can be reached at:**

Address: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN **AAUW Women in STEM Conference March 17, 2018** AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Signature of Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Address (Printed) \_\_\_\_\_

Date \_\_\_\_\_