

**University of Nevada, Reno**  
**Department of Geography**  
*Learning in the Woods Science Experience*

**PARENT PERMISSION FORM**

Your son/daughter \_\_\_\_\_ has been nominated to participate in the University of Nevada, Reno (UNR), *Learning in the Woods Science Experience*, a special program for K-12 Hispanic students. This program is organized by UNR's Department of Geography with the financial support of the Paleoclimate Program in the Division of Atmospheric Sciences at the National Science Foundation. Travel and lodging arrangements will be provided by UNR. We ask for permission to allow your son/daughter to travel to and from UNR, to stay at a campus residence hall, to be provided with meals at a campus cafeteria, and in general to accept the accommodations offered by the program.

In addition, we request permission to use your son/daughter's name, photograph, video footage, artwork, and/or story if we do any publicity about the program. We will only share this information to make others aware of the program; we will only use his/her artwork for exhibition, education, and public awareness purposes. We will not use this information for anything else.

Last, we ask for permission to invite your son/daughter to return to the program in the future as an alumnus. As an alumnus, she/he would visit with other participants and share his/her education experience with them. Therefore, we request your permission to maintain contact with your son/daughter throughout his/her school education by phone, mail, e-mail, or visits.

If you are willing to have your son/daughter participate in this program, please sign this form and the attached 'Identification And Emergency Information' form, then mail both forms back to the program coordinator USING THE PRE-PAID AND PRE-ADDRESSED ENVELOPE included in this mailing.

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I agree to allow my son/daughter to participate in the *Learning in the Woods Science Experience*. I understand that this includes travel to and from UNR, lodging, meals, and other accommodations provided by the program. I also give you permission to use my son/daughter's name, photograph, video footage, artwork, and/or story for publicity about the program. Finally, I give you permission to contact my son/daughter throughout his/her school education.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian

Printed Name of Parent/Guardian \_\_\_\_\_

If you have any questions, please contact:

Prof. Franco Biondi

Phone: (775) 784-6921

FAX: (775) 784-1058

E-mail: [fbiondi@unr.edu](mailto:fbiondi@unr.edu)

Permission form for *Learning in the Woods Science Experience* Program 4/6/03