

DigiGirlz Day RELEASE FORM

| I give my permission for | [First/Last NAME] to attend the |
|--|---|
| Microsoft DigiGirlz Day event on Tuesday, Ma | ay 20th, 2014 at the Microsoft Retail Store |
| Pentagon City Fashion Center, Arlington, VA ho | osted by Microsoft Corporation. |

- 1. Microsoft and event photographers may use pictures of my child for professional promotional purposes related to my child's participation in the Microsoft Day for Girls, including studio display, advertisements, web site, and portfolio.
- 2. Microsoft and the event press team may use and reproduce my child's name and/or quotations for promotion purposes related to my child's participation in the Microsoft Day for Girls, including publication on the World Wide Web, in the United States or elsewhere at any time.
- 3. I understand that neither my child nor I have any right to receive compensation or benefit in connection with this release, and I have no claims against Microsoft and its agents arising out of Microsoft and its agents use as described above.
- 4. As recognition and acceptance of the terms or your permitted observation at the Microsoft Corporation, please sign and return this form as soon as possible and retain a copy for your records.

| Print Student's Name: | |
|--------------------------------------|---|
| Signature of Parent/Legal Guardian: | |
| Print Name of Parent/Legal Guardian: | _ |
| Date: | |

Sincerely,
Danna Jennings
DigiGirlz Day Program Manager
Microsoft Corporation