Permission Form for  
*Expedition: Bio–A summer science program*  
July 6-17, 2020 and August 3-14, 2020

The program is open to rising 7th and 8th grade students. Admission requires parental consent. **Registration is limited to 24 students per session.** Because space is limited, registrants are encouraged to apply early.

**Fees:** $1000 per student. A non-refundable $500 deposit is due at time of registration. The remainder ($500) is due by Wednesday, April 29, 2020.

**Tuition assistance** is available for students who demonstrate financial need through a limited number of full-tuition scholarships sponsored by the Amgen Foundation and Sanofi Genzyme.

**Please note:** This form must be signed and uploaded to the Expedition: Bio registration database *(PDF only, please)* in order to continue with registration.

For more information contact Amy Tremblay at tremblay@wi.mit.edu.

**Parental Consent**

I give permission for my child to attend a laboratory workshop at Whitehead Institute for Biomedical Research, 455 Main Street, Cambridge, MA.

Although the sessions will not take place in a working laboratory, I understand that various hazards may still exist. Whitehead personnel and scientific staff will conduct the workshop and ensure that no radioactive, toxic, or hazardous materials will be in active use in proximity to students during the workshop.

I understand that my child will be expected to observe all safety requirements and Whitehead rules, including being supervised at all times during this visit.

I understand that this event may be photographed and/or videotaped by members of the media and/or by Whitehead Institute staff. I authorize the use of any such photographs and/or videotape for educational and/or media release purposes. I understand that these pictures are the property of the Whitehead Institute, and I relinquish any rights to the pictures.

Student’s Name___________________________________________

School____________________________________________________

Parent’s signature ________________________________________ Date_________________