

Santa Clara County High School Mock Trial Program

Student Permission Slip & Talent Release Form

Name of High School

Student Permission Slip

(Student's name)_____ has my permission to participate in the Santa Clara County High School Mock Trial Invitational Program at the Santa Clara County Superior Court from _____

We have reviewed and understand the rules of the competition.

Health or Special Needs. Check as Apply

- ☐ My child has NO special needs the staff should be made aware of.
☐ My child has a special need and instructions are attached.
☐ Other: _____

Release and Covenant Not to Sue

In consideration for their participation in the Santa Clara County Mock Trial Invitational, I agree to indemnify, defend and hold harmless the Constitutional Rights Foundation, the Santa Clara County Office of Education, the Santa Clara County Bar Association, the Santa Clara County Superior Court, and program organizers and sponsors for any and all claims, damage, costs and expense resulting from lawsuits and other proceedings arising out of any acts, omissions or conduct of my child while he/she is participating in the Santa Clara County High School Mock Trials. I further agree to release and hold harmless those named above from any damage or injury that may occur to my child while he/she is participating in the Santa Clara County High School Mock Trials.

The undersigned acknowledges that the Santa Clara County High School Mock Trial Invitational addressed by this release is completely VOLUNTARY.

Parent/Guardian

Signature_____ Date_____

Talent Release Form

I, _____, parent/guardian of _____
(please print) (please print)

give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, the Santa Clara County Office of Education, or other education-related groups for the purpose of publicizing Office of Education programs, developing educational materials, or reporting on events of community interest. I fully relinquish right or interest in any film, tape, classwork or photograph which may be used for any legitimate purpose.

Parent/Guardian

Signature_____ Date_____

Please obtain student signature (if applicable).

I, _____, agree to the above statement.
(student's name)

I understand that I can change my mind at any time.

Student

Signature_____ Date_____