

High School Mock Trial Program & Competition 2017 Student Permission Slip

PLEASE READ <u>BOTH SIDES</u> OF THIS PERMISSION SLIP INITIAL AND SIGN WHERE APPLICABLE		
I (as the parent/guardian) request and give my permission to have (student name) from (high school name) participate in the 2016-2017 Santa Clara County High School Mock Trial Program & Competition. We (Student and I) have reviewed and understand the rules, guidelines and expectations of the Program and Competition. This permission granted is valid from the latter of my student's participation date or September 8, 2016 through and including March 26, 2017.		
I. Health: Medical or Other Special Needs. Indicate below as applicable:		
My child has NO special needs the staff should be made aware of.		
My child has special needs and instructions are attached. Please advise of any allergies etc.		
Other:		
Initials		
II. Release and Covenant Not to Sue: In consideration for the participation of the above-listed student in the Santa Clara County High School Mock Trial Program & Competition, 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 organizer(s) and sponsor(s) for any and all claims, damages, costs and expenses (including attorney's fees/costs) resulting from lawsuits and/or other proceedings by any third parties arising out of any acts, omissions or conduct of my above-listed child while s/he is participating in the Santa Clara County Mock Trial Program & Competition. I authorize and agree to have my child receive any emergency medical services deemed necessary by those in charge of the Santa Clara County Mock Trial Program & Competition. I understand and agree that any resulting medical/transportation expenses will be my responsibility of the minor student as their parent/guardian. Initials		
The undersigned acknowledges that the Santa Clara County Mock Trial Program & Competition addressed by this release is completely VOLUNTARY on behalf of the participant students and is also completely staffed voluntarily by the sponsor agencies and their employees.		
Parent/Guardian Signature Date		

High School Mock Trial Program & Competition

Emergency Contact Information	
Name: (print clearly)	Contact Phone: (print clearly)
If I cannot be reached in case of emergency, please notify:	
Name: (print clearly)	Contact Phone: (print clearly)
Other:	
Physician Contact: (print clearly)	Contact Phone: (print clearly)
Medical Insurance Company	
Talent Release Form Authorization and Release Form for Photo/Video/Website Usage	
I,	
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

Student photo and interview release guidelines: All students enrolled in Santa Clara County Office of Education programs must have written permission on file prior to release of photographs, comments or classwork. In order to preserve the students' rights, we may, in some instances, require interviewers/photographers to take special precautions to preserve the identity of the students. Such precautions may include, but are not limited to, obscuring the photo of the student's face and using no name or only first names when quoting students.