High School Mock Trial Program & Competition Student Permission Slip

PLEASE READ BOTH SIDES OF THE PERMISSION SLIP. INITIAL AND SIGN WHERE APPLICABLE.

I, as parent/guardian, request and give my permission to have
(student name) from (high school name) participate in the 2018-2019 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 2018 through and including April 2019.
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

Parent/Guardian Signature _		
Data		

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.



High School Mock Trial Program & Competition Emergency Contact Information

Parent/Guardian 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
Contact Phone: (print clearly)
Talent Release Form Authorization and Release Form for Photo/Video/Website Usage
I,
Parent/Guardian Signature
Date

Piease obtain stuaent signature (if applicab	ie)
I,(print student's name)	, agree to the above statement.
I understand that I can change my mind at a Student Signature	ny time.
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.