

## 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 2019-2020 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 2019 through and including April 2020.

### **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

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 of \_\_\_\_\_,  
(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.  
(print 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.