

# 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 2023-2024 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 2023 through and including April 2024.

## **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.