

Santa Clara County  Office of Education

**High School Mock Trial Program & Competition
2014-2015 Student Permission Slip**

***PLEASE READ BOTH SIDES 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 2014-2015 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 24, 2014 through and including March 22, 2015.

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

Santa Clara County  Office of Education
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

Parent/Guardian

I, _____, parent/guardian of _____ 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

Student

I, _____, agree to the above statement. I understand that I can change my mind at any time.
(student's name)

Student Signature

Date
