

**San Diego County High School Mock Trial Competition
2018-2019 Adult Student Participation Agreement**

I, _____ (“Student”) from _____ High School, being eighteen (18) years of age or older, wish to participate in the 2018/2019 San Diego County High School Mock Trial Competition (the “Competition”) which is occurring between September 20, 2018 and March 24, 2019. I have reviewed and understand the rules for the competition. I acknowledge that my participation in this Competition is completely VOLUNTARY.

Release and Covenant Not to Sue/Photo Release

I hereby give permission and authorize the San Diego County Bar Association, the San Diego Superior Court, the San Diego County Board of Education, and/or their assignees to take and/or receive from me photographs and video of my participation in the Competition, and to use or reuse the images so taken or provided in print or publication in any medium or form, including but not limited to electronic form on the Court’s website, for any length of time, for promotional, illustrative, or civic and education program purposes. By this authorization I understand that the above activities will not result in any profit, and that I shall not receive any fee or compensation for same, and that all rights, title, and interest to the images and use of them belong to the San Diego Bar Association or the San Diego Superior Court.

In consideration for my participation, I hereby release and agree to indemnify and hold harmless the San Diego County Bar Association; San Diego Superior Court; San Diego County Office of Education; and/or any other program organizer(s) and/or sponsor(s), including their officers, agents, judges, employees, and volunteers, from any and all liability and responsibility for any claim or cause of action on account of any injury, damage, expense, or other loss in any way associated, directly or indirectly, with my participation in the Competition.

Student Signature: _____ **Date:** _____

Authorization for Medical Care

Health: Medical or Other Special Needs. Indicate below as applicable:

- I have NO special needs the staff should be made aware of.
- I have special needs, and instructions are attached. Please advise of any allergies etc.
- Other:

I authorize/agree to receive any emergency medical services deemed necessary by those in charge of the Competition. I understand and agree that any resulting expenses will be my responsibility.

Medical Insurance Company	Policy Number	Group Plan
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[Physician Contact]

Person to notify in case of emergency:

Name	Cell Phone	Work Phone	Home Phone
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Student Signature: _____ **Date:** _____