

**San Diego County High School Mock Trial Competition  
2018-2019 Parent/Guardian Permission Slip**

(Student's name) \_\_\_\_\_ from \_\_\_\_\_ High School has my permission 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. My student and I have reviewed and understand the rules, guidelines and expectations of the Competition.

**Release and Covenant Not to Sue/Photo Release**

I, as the parent/guardian of Student, 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 minor child participating 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 neither I nor my child shall 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 this 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 the participation of my above-listed child in the Competition.

I acknowledge that the Competition addressed by this release is completely VOLUNTARY.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization for Medical Care**

**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:

I authorize/agree to my child receiving any emergency medical services deemed necessary by those in charge of the Mock Trial Competition. I understand and agree that any resulting expenses will be my responsibility as their parent/guardian.

Parent/Guardian Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Address Work Phone Home Phone Cell Phone

\_\_\_\_\_  
Medical Insurance Company Policy Number/Group Plan

If I cannot be reached in case of emergency, please notify:

\_\_\_\_\_  
Name Cell Phone Work Phone Home Phone

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_