

**San Diego County High School Mock Trial Program/Competition
2020-2021 Participation Agreement/Photo Release
(Minor Student)**

(Student's name) _____ ("Student") from _____ High School has my permission to participate in the 2020/2021 San Diego County High School Mock Trial Program/Competition (the "Competition") season which is occurring between September 10, 2020 and March 21, 2021. My student and I have reviewed and understand the rules, guidelines and expectations of the Competition. We acknowledge that participation during the Competition season and the Competition taking place on January 26, 28, February 1, 3, 9, 17, 20 and 23, 2021 is completely VOLUNTARY.

For any portions of the Competition that may be held at the San Diego Superior Court, I and Student understand and agree to follow the court's COVID-19 protocols and procedures in effect at that time. Such procedures include, but are not limited to, consenting to temperature and symptom screening when entering the courthouse, wearing a face covering at all times inside the courthouse, and maintaining six feet of social distance between Student and those who are not members of Student's household. Further, I agree that Student will not attend the Competition in person if, within the fourteen-day period before Student's attendance, Student, or anyone Student resides with or had close contact with, has been diagnosed with COVID-19 or experienced symptoms of COVID-19.

Release and Covenant Not to Sue/Photo Release

I, as the parent/guardian of Student, hereby give permission and authorize the San Diego County High School Mock Trial Committee and/or its 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 San Diego County High School Mock Trial Competition Committee'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 Student 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 County High School Mock Trial Committee.

I, as the parent/guardian of Student, acknowledge and understand the following assumption of the risk: (1) participation in the Competition includes possible exposure to and illness from infectious diseases, including but not limited to COVID-19; (2) I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the San Diego High School Mock Trial Committee or the San Diego Superior Court; and (3) I hereby knowingly assume the risk of injury, harm, and loss associated with the Competition, including any injury, harm, and loss caused by the negligence, fault, or conduct of any kind on the part of the San Diego High School Mock Trial Committee or the San Diego Superior Court.

In consideration for this participation, I hereby release and agree to indemnify and hold harmless the San Diego High School Mock Trial Committee, the San Diego Superior Court, 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 Student in the Competition.

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 Cell Phone Work Phone

Medical Insurance Company Policy Number Group Plan

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

Name Cell Phone Work Phone

Parent/Guardian Signature: _____ Date: _____