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

I, _____("Student") from _____ High School, being eighteen (18) years of age or older, wish 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. I have reviewed and understand the rules, guidelines and expectations of the Competition. I acknowledge that my 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 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 myself and others who are not members of my household. Further, I agree that I will not attend the Competition in person if, within the fourteen-day period before my attendance, I, or anyone I reside with or have had close contact with, have been diagnosed with COVID-19 or experienced symptoms of COVID-19.

Release and Covenant Not to Sue/Photo Release

I 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 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 San Diego County High School Mock Trial 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 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 County High School Mock Trial Committee.

I 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 County 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 County High School Mock Trial Committee 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 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 my participation in the Competition.

Adult 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

_____

Physician Contact

Person to notify in case of emergency:

_____

Name Cell Phone Work Phone

Adult Student Signature: _____ Date: _____