San Diego County High School Mock Trial Program/Competition 2022-2023 Participation Agreement/Photo Release (Minor Student)

(Student's name)	("Stribury") from	High Cahool hos may
permission to participate in the 2022/20 season occurring between Septembe guidelines, and expectations for the	223 San Diego County High School Mock Tri r 8, 2022 and February 28, 2023. My student	High School has my all Program/Competition (the "Competition") and I have reviewed and understand the rules, pation during the Competition season and the OLUNTARY.
	Release and Covenant Not to Sue/Photo	Release
Committee and/or its assignees to ta Competition, and to use or reuse the not limited to electronic form on the for promotional, illustrative, or civ- activities will not result in any profit	ake and/or receive from me photographs and images so taken or provided in print or public San Diego County High School Mock Trial ic and education program purposes. By this	San Diego County High School Mock Trial video of my minor child participating in the ication in any medium or form, including but Committee's website, for any length of time, s authorization, I understand that the above any fee or compensation for same, and that County High School Mock Trial Committee.
Competition includes possible exporisks related to illness and infectious Trial Committee or the San Diego associated with the Competition, includes the competition of the Competition	sure to and illness from infectious diseases; diseases, even if arising from the negligence Superior Court; and (3) I hereby knowing!	ssumption of the risk: (1) participation in the (2) I knowingly and freely assume all such or fault of the San Diego High School Mock y assume the risk of injury, harm, and loss the negligence, fault, or conduct of any kind to Superior Court.
Mock Trial Committee, the San Dieg officers, agents, judges, employees, a	go Superior Court, and/or any other program of and volunteers, from any and all liability and re	nd hold harmless the San Diego High School organizer(s) and/or sponsor(s), including their esponsibility for any claim or cause of action on or indirectly, with the participation of Student
Parent/Guardian Signature: Date:		Date:
	Authorization for Medical Care	
☐ My child has NO special nee	Needs. Indicate below as applicable: ds the staff should be made aware of. nd instructions are attached. Please advise of	any allergies etc.
	ng any emergency medical services deemed r that any resulting expenses will be my respon	necessary by those in charge of the Mock Trial nsibility 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 eme	ergency, please notify:	
Name	Cell Phone	Work Phone

Parent/Guardian Signature: ______ Date: _____