San Diego County High School Mock Trial Program/Competition 2023-2024 Participation Agreement/Photo Release (Adult Student)

	(
of age or older, wish to participate in the 2 "Competition") season between Septembe	2032/2024 San Diego County H r 7, 2023, and February 27, 20 petition. I acknowledge that my	High School, being eighteen (18) years igh School Mock Trial Program/Competition (the 024. I have reviewed and understand the rules, participation during the Competition season and empletely VOLUNTARY.
Relea	ase and Covenant Not to Sue/P	Photo Release
take and/or receive from me photographs a so taken or provided in print or publication Diego County High School Mock Trial Co and education program purposes. By this	and video of my participation in in any medium or form, include ommittee's website, for any lengath authorization, I understand that pensation for same, and that all	ol Mock Trial Committee and/or its assignees to the Competition, and to use or reuse the images ling but not limited to electronic form on the Sangth of time, for promotional, illustrative, or civic the above activities will not result in any profit, rights, title, and interest to the images and use of the.
exposure to and illness from infectious di infectious diseases, even if arising from the or the San Diego Superior Court; and (3) I	seases; (2) I knowingly and free negligence or fault of the San E hereby knowingly assume the and loss caused by the negligen	articipation in the Competition includes possible eely assume all such risks related to illness and Diego County High School Mock Trial Committee risk of injury, harm, and loss associated with the ce, fault, or conduct of any kind on the part of the uperior Court.
High School Mock Trial Committee, the Sa including their officers, agents, judges, emp	n Diego Superior Court, and/or a ployees, and volunteers, from an	mnify and hold harmless the San Diego County any other program organizer(s) and/or sponsor(s), by and all liability and responsibility for any claim in any way associated, directly or indirectly, with
Adult Student Signature:		Date:
	Authorization for Medical	<u>Care</u>
Health: Medical or Other Special Needs I have NO special needs the staff sh I have special needs, and instruction Other:	nould be made aware of.	
I authorize/agree to receive any emergency understand and agree that any resulting exp		sary by those in charge of the Competition. I
Name (please print):		
Address		Cell Phone
Medical Insurance Company	Policy Number	Group Plan
In case of emergency, please notify:		
Name	Cell Phone	Work Phone
Signature:	Date:	