

STUDENT PERMISSION SLIP

► Due November 2



Alameda County Office of Education
Sheila Jordan, County Superintendent

PHILIP A. HARLEY MEMORIAL MOCK TRIAL COMPETITION

(Student's name) _____ from (school) _____
has my permission to participate in the Mock Trial Program, including the Mock Trial Competition, Courtroom Art Contest, and Courtroom Journalism Contest (Mock Trial Program) during the months of January through mid-March. My child and I have reviewed and understand the rules of the competition contained in the *TEAM RULE BOOK*, *Code of Ethics* located in the case packet, *Journalism Contest Rules*, and *Art Contest Rules* provided by the Alameda County Office of Education and available online at www.acoe.org/mocktrial/forms.

Health or Special Needs

- My child had NO special needs the staff should be made aware of.
- My child has a special need and instructions are attached.
- Other:

Release and Covenant Not to Sue/ Authorization for Medical Care

In consideration for their participation in the Mock Trial Competition, Art Contest and Journalism Contest, I agree to indemnify, defend and hold harmless Constitutional Rights Foundation (CRF), the Alameda County Office of Education (ACOE), the Superior Court of California, Oakland (Superior Court), and all program organizers and sponsors for any and all claims, damage, costs and expenses resulting from lawsuits and other proceedings by any third parties arising out of any acts, omissions or conduct of my child while s/he is participating. I agree to have my child receive any emergency medical services deemed necessary by the authorities in charge. It is understood that the resulting expenses will be the responsibility of the parent/guardian.

Release and Consent for Child's Images and Creative Works

As a participant in the Mock Trial Program, I authorize CRF, ACOE, and Superior Court and or assignees or licensees to use photographs of my child, video images and/or art and journalism submissions (subject work) for reproduction for promotional or illustrative purposes. I further give my consent to ACOE and any news organization or individual authorized by ACOE to conduct interviews with me and/or my child, and to take photographs and videotape recordings of me, my child, and/or any artwork created by my child. I further give my consent for any interviews, photographs, or videotape recordings conducted pursuant to this authorization to appear in the national and local media, including but not limited to radio, broadcast and cable television, print media and publications, and the Internet, and to be used by ACOE for project documentation and production/dissemination of promotional materials such as newsletters, event announcements, website production and any materials produced in partnership with other

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organizations or individuals authorized by ACOE. Permission is granted to make changes or alterations and to use my child's name or a fictitious name in editorial works or advertising.

I understand that I will receive no monetary compensation from ACOE, CRF, Superior Court, or from any media organizations, nor will ACOE profit from use or distribution of subject work, interviews, photos or videotape recordings to the media. I agree that I and/or my child shall have no right, title, or interest in any interview, photograph, videotape recording, film, print publication, or website content covered by this agreement.

The undersigned acknowledges that the competition addressed by this release is completely VOLUNTARY and that he/she has read, understands, and voluntarily agreed to the foregoing consent and release agreement.

Parent/Guardian Name (please print)

X _____
Parent/Guardian Signature

Address Home Phone Business Phone

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

Name Home Phone Business Phone

Medical Insurance Company Policy Number Phone Number