

# 32<sup>nd</sup> MARIN COUNTY 2019-2020 MOCK TRIAL

Sponsored by:



## Student Permission Slip

Student's Name: \_\_\_\_\_ from School: \_\_\_\_\_

has my permission to participate in the Marin County Mock Trial Competition, **January 25 and February 1, 2020**. We have reviewed and understand the rules of the competition.

**Health or Special Needs. Check which applies.**

- My child has NO special needs.  
 My child has a special need and instructions are attached.  
 Other: \_\_\_\_\_

### Release and Covenant Not to Sue/Authorization for Medical Care

**This information must be completed in full.**

In consideration for their participation in the Marin County Mock Trial Competition, I agree to indemnify, defend and hold harmless Constitutional Rights Foundation and 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 in the Marin County Mock Trial Competition.

As a participant in the 2019-20 Marin County Mock Trial Program, I authorize Constitutional Rights Foundation and/or assignees or licensees to use photographs of my child, video images and/or contest submissions (such as art and journalism), for reproduction for promotional or illustrative purposes. I understand that the above activities will not result in any profit and that I will not receive any monetary compensation. Permission is granted to make changes or alterations and to use my child's name or a fictitious name in editorial works or advertising.

Parent/Guardian Signature: \_\_\_\_\_

The undersigned acknowledges that the competition addressed by this release is completely **VOLUNTARY**.

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.

Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Return completed forms by December 13, 2019.**

Attn: Luz M. Lopez  
Phone (415) 499-5811  
Fax (415) 491-6619

Mary Jane Burke  
Marin County Superintendent of Schools

