

32nd MARIN COUNTY 2019-2020 MOCK TRIAL

Sponsored by:



Team Code of Ethics Form

As a condition of participation in the 2019-2020 Marin County Mock Trial Program, each student participant must carefully read the statement below, then sign to acknowledge her/his commitment to the statement.

As a participant of the 2019-2020 Marin County Mock Trial Program, I pledge to adhere to the same high standards of scholarship that are expected of me, as a student, in my academic performance. I understand that plagiarism of any kind is unacceptable. I understand that all written and oral work done in conjunction with this program must be my own.

In relation to other teams and individuals with whom I come in contact through participation in this program, I pledge to make a commitment to act with good sportsmanship and respect for others in both victory and defeat. I agree to follow all rules as set by CRF and local mock trial staff.

I acknowledge that my actions will reflect upon my whole team, and I promise to take personal responsibility for my own actions throughout the competition.

Please TYPE in alpha order by last name.

Fill out completely and return by December 13, 2019.

School: _____ County: MARIN

1.	Name (print)	_____	Signature	_____	Date	_____
2.	Name (print)	_____	Signature	_____	Date	_____
3.	Name (print)	_____	Signature	_____	Date	_____
4.	Name (print)	_____	Signature	_____	Date	_____
5.	Name (print)	_____	Signature	_____	Date	_____
6.	Name (print)	_____	Signature	_____	Date	_____
7.	Name (print)	_____	Signature	_____	Date	_____
8.	Name (print)	_____	Signature	_____	Date	_____
9.	Name (print)	_____	Signature	_____	Date	_____
10.	Name (print)	_____	Signature	_____	Date	_____
11.	Name (print)	_____	Signature	_____	Date	_____
12.	Name (print)	_____	Signature	_____	Date	_____
13.	Name (print)	_____	Signature	_____	Date	_____
14.	Name (print)	_____	Signature	_____	Date	_____
15.	Name (print)	_____	Signature	_____	Date	_____
16.	Name (print)	_____	Signature	_____	Date	_____
17.	Name (print)	_____	Signature	_____	Date	_____
18.	Name (print)	_____	Signature	_____	Date	_____
19.	Name (print)	_____	Signature	_____	Date	_____
20.	Name (print)	_____	Signature	_____	Date	_____

Return completed form by December 13, 2019

in person to the Marin County Office of Education

Attn: Luz M. Lopez

Only typed forms will be accepted

Mary Jane Burke
Marin County Superintendent of Schools

