Constitutional Rights Foundation's

2012 Tulare County Mock Trial Program

Student Permission Slip

(Student's name)_____from (school) _____ has my permission to participate in the Tulare County Mock Trial Competition/Courtroom Art Contest/Journalism Contest. We have reviewed and understand the rules of the competition.

Health or Special Needs. Check as apply.

☐ 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 Tulare County Mock Trial Competition/Courtroom Art /Journalism Contest, 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 Tulare County Mock Trial Competition/Courtroom Art /Journalism Contest.

As a participant in the 2011-2012 California 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 Date

The undersigned acknowledges that the competition addressed by this release is 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 Name (please print) _____

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

FORM DUE DECEMBER 8, 2011