



2010 Sacramento County Academic Decathlon STUDENT PARTICIPATION REQUEST FORM

Student's T-shirt Size (adult sizes): XXL XL L M S XS

I, _____ (Type or Print: first, middle, last)

now a student at _____ H.S. in grade _____

and living at _____
Address

City Zip Code Phone

Email Address Gender: Male Female

hereby request participation in the 2009-10 Sacramento County Academic Decathlon events. My parent/guardian, whose signature is shown below, and I hereby agree to follow the rules of competition and accept the interpretations and decisions made by the decathlon competition day manager and staff.

Voluntary Release - Assumption of Risk and Indemnity Agreement: In consideration of the acceptance of my child's participation (printed above) in the 2009-10 Academic Decathlon events, I hereby release, discharge, and covenant not to sue any sponsoring and supporting agencies including the California Academic Decathlon, and Sacramento County Office of Education, their representatives, officers, successors, and assignees, directors, staff, workers, participating volunteers, and all other hosts (herein collectively referred to as "releasees") from all claims and liability arising out of strict liability or ordinary negligence or hold harmless and cover releasee for all claim judgment(s) or expense(s) that may incur arising out of my child's participation in these events. I understand that participation in these events contains certain risks of injuries, that the meetings and events will be indoors and outdoors, and that there is inherent risk in doing so which I voluntarily assume, because I choose to do so. I further know that other participants may pose a risk as there may be physical activities. I voluntarily elect to accept all risks connected with participation in this program.

Information Release: By completing and signing this request (below), I (student and parent/guardian) hereby give permission and indicate consent to the release of educational information about or relative to the participation in the Decathlon. Such information shall include but not be limited to the release of test results, photographs, the reproduction of sound, motion picture, or videotape recordings, to be used in connection with an educational television program or subsequent video, photographic, Web sites, multimedia, or audio presentations. I further grant permission to be shown on closed circuit TV systems, shared with other classes and schools, shared at community and professional meetings, aired by local cable stations, entered into educational or media contests, posted on Web sites and used for other purposes deemed appropriate by the releasees. I understand and agree that all media will become the exclusive property of the releasees and there will be no compensation or remuneration. Consent is likewise given to the use of such information by any institute of higher learning, recognized educational study group or educator for the purposes of study, comparison, and furtherance of knowledge in the fields of education or human behavior. The releasees shall have the right to reproduce, use, display, and disseminate in such manner as they see fit, without obligation of any kind to any person, the test efforts resulting from the Decathlon.

By signing below I hereby give permission and consent to the voluntary release and information release described above.

Student Signature: _____ **Date:** _____

Print or Type Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____



2010 Sacramento County Academic Decathlon

MEDICAL RELEASE FORM

Type or Print Participant Name: _____

Medical Consent: I, the undersigned, hereby give consent to have the above signed treated by a physician or surgeon in case of sudden illness or injury while participating in the Academic Decathlon events, conferences, and meetings; including, authorization and consent for any x-ray examination, medical anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical/dental staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It's understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and permission to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It's understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California. The signing of this release only gives the organizers of this program and agents thereof the right to consent for treatment of minors. It does not release signee of liability from medical cost arising from said treatment. The releasees do not assume liability of said cost and are not liable for any complications arising from said treatment. It is understood that the releasees provide no medical insurance for such treatment. If a personal physician is listed, every effort will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.

In the box below, indicate all medical problems and restrictions (i.e., diabetes, allergies to medications and/or foods, heart problems, asthma, regular medication(s), etc.). Please list/provide copies of prescription labels which identify medications and dosages. [Please attach additional sheets, if needed.]

Please check the box if you do not carry health/medical insurance.

Health Insurance Carrier Name and Phone: _____

Medical Group, if available: _____

Medical Group Policy Number: _____

Family Physician Name and Phone: _____

By signing below I hereby agree to the terms outlined above and give medical consent for my child to participate in the Academic Decathlon.

Must be signed by parent or legal guardian if participant is under 18 years old

Today's Date

Print Name of Signature Above

Relation to Participant