



2023-24 Sacramento County Mock Trial or Moot Court STUDENT PARTICIPATION REQUEST FORM

Name: _____ Program: Mock Trial Moot Court
(Type or Print: first, middle, last)

School: _____ H.S. Address: _____
Home

Grade _____ Pronouns: _____ City _____ State _____ Zip _____

Email Address: _____ Phone _____

I hereby request participation in the 2023-24 Sacramento County Gordon D. Schaber (GDS) Mock Trial or Moot Court Competition. My parent or 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 competition manager. The competition will be run in compliance with COVID-19 safety requirements specified by state and local public health departments. Additionally, we understand and agree to the following specific provisions:

1. Voluntary Release: Assumption of Risk and Indemnity Agreement. In consideration of the acceptance of my child's participation in 2023-24 Gordon D. Schaber (GDS) Mock Trial or Moot Court competitions, I hereby release, discharge, and covenant not to sue any sponsoring and supporting agencies including the Sacramento County Office of Education and 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 the GDS Competition. I understand that participation in GDS competitions contains certain risks of injuries; that the meetings and competitions 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, both known and unknown, including those related to COVID-19 connected with participation in this program.

2. 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 participation in the GDS competitions. 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 videoconference (eg. Zoom, Teams), closed circuit TV systems, shared with other classes and schools, shared at community and professional meetings, aired by cable stations, entered into educational or media contests, posted on Web sites and used 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 GDS competitions. I understand and agree that all media will become the exclusive property of the releasees and there will be no compensation or remuneration.

3. Prohibition of Audience/Participant Reproduction of Virtual Events. I agree that my child and I will adhere to virtual privacy policies and California privacy statutes by refraining from capturing images (through screenshot or other means), recording and/or rebroadcasting any part of any virtual events without authorization. **Any recording or capturing of images will result in disqualification.**

4. Code of Conduct. To participate, students will be required to comply with the following requirements. Students who violate any of these may be disqualified and asked to leave:

- Participants are expected to conduct themselves in compliance with their school site codes of conduct.
- With specific respect to conduct during videoconferencing, participants are expected to observe proper videoconference guidelines, including minimizing distractions.
- The participant must comply with any applicable COVID/Health safety measures at all times while at the event. Participants who fail to comply with safety measures will be asked to leave.

5. 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 GDS competitions and activities; 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 (e.g., diabetes, allergies to medications and/or foods, heart problems, asthma, regular medication(s), etc). Please provide copies of prescription labels which identify medications and dosages. Use back side for more space, if needed.

Physicians Name: _____ **Phone #** _____

Health Insurance Carrier (Kaiser, etc.) _____

Policy # _____

Please check the box if you do not carry Health/Medical Insurance

I have read and agree to the contents of this document. By signing below, I hereby give permission and consent to the voluntary release and information release (Items 1-5) described above. I understand that my child must comply with the safety measures to participate in the GDS competitions. I also understand that by signing this document, I am assuming all risks associated with my child's participation in the GDS events, including those related to COVID-19.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____

Print Name _____ **Date** _____