

**SANTA CLARA COUNTY
HIGH SCHOOL MOCK TRIAL PROGRAM
2012
STUDENT PERMISSION SLIP**

(Student's name) _____ has my permission to participate in the Santa Clara County High School Mock Trial Program at the Santa Clara County Superior Court from February 1, 2012 to February 28, 2012.

We have reviewed and understand the rules of the competition.

Health or Special Needs. Check as Apply

- My child has 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

In consideration for their participation in the Santa Clara County Mock Trial Competition, I agree to indemnify, defend and hold harmless the Constitutional Rights Foundation, the Santa Clara County Office of Education, the Santa Clara County Bar Association, the Santa Clara County Superior Court, and program organizers and sponsors for any and all claims, damage, costs and expense resulting from lawsuits and other proceedings arising out of any acts, omissions or conduct of my child while he/she is participating in the Santa Clara County High School Mock Trials. I further agree to release and hold harmless those named above from any damage or injury that may occur to my child while he/she is participating in the Santa Clara County High School Mock Trials.

The undersigned acknowledges that the Santa Clara County High School Mock Trial program addressed by this release is completely VOLUNTARY.

Parent/Guardian

Signature _____ Date _____