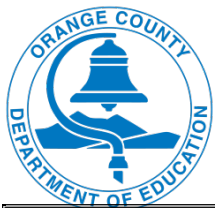


Orange County Department of Education
Educational Services



PARENT/GUARDIAN CONSENT, RELEASE AND AUTHORIZATIONS
FOR STUDENT PARTICIPATION IN THE

ORANGE COUNTY ACADEMIC DECATHLON



9th and 10th Grade "JV" Academic Decathlon:
Competition Day – May 18, 2019 – Aliso Niguel High School
Awards Ceremony – June 4, 2019 – Valencia High School

Full Name of Student (Print): _____ Grade: _____

School: _____ District: _____

Home Address: _____

City: _____ Zip Code: _____ Home Telephone: _____

Grade Point Average Category: Honors (3.75 – 4.00) Scholastic (3.00 – 3.74) Varsity (0.00 – 2.99)

Parent Email: _____ Student Email: _____

PARTICIPATION REQUIREMENTS

My parent/guardian and I hereby agree to follow the policies, procedures rules and regulations of this Event/Activity, and will accept the interpretations and decisions made by the Event/Activity manager, as applicable. My parent/guardian and I acknowledge and agree that we have also read and fully understand and agree to abide by the program's policies and requirements for participation in this Event/Activity. We understand that violation of any of the policies, procedures, rules or inappropriate behavior at the Event/Activity may result in removal from the Event/Activity at my parent/guardian's sole cost and expense and/or immediate disqualification from the competition, as applicable.

In addition, I will attend the May 18, 2019 competition date. My parent/guardian and I understand that I must compete in all events. I understand that if I do not compete in all events, my scores will be voided and excluded from the team scores, and I will not be eligible for any individual awards. I also understand that cheating, in any form, will not be tolerated and immediate action will be taken by the Orange County Department of Education and the Orange County Academic Decathlon Board of Directors, as applicable.

MEDICAL

In the event of illness or injury, I hereby consent to any x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment of my child rendered by a physician, medical or emergency room staff of any hospital, or a dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the physician or dentist in the exercise of his/her best judgment. It is understood that the resulting expenses will be my responsibility.

Special Medical Needs: _____

Allergies: _____

Alternate Emergency Contact (Please Print): _____

Phone Number: _____ Relation to Student: _____

MEDIA/PROMOTIONAL ACTIVITIES

OCDE and its partners would like to photograph and/or videotape students participating in this Event/Activity. In addition to this footage, OCDE would like to indicate students' names, schools attended, program participation, program submissions, and comments about the program. The footage and information may be displayed at OCDE, on OCDE websites, in media reports, and/or at OCDE-sponsored events to promote the program that supports this Event/Activity (e.g. team photos, end of year slide show, news releases, etc.). The footage and information will be used as described and, as such, your child's identity may be disclosed to other students, parents, and the public.

If you agree to give permission to have your child's image and information used, please indicate your agreement by signing below. Your consent to photograph/video your child is not required for your child to participate in the Event/Activity. By signing, you irrevocably consent to the use and reproduction of the footage by OCDE and represent that you are the parent or legal guardian of the child, with authority to execute this release form. In addition, you give consent for the image and information to be used as described above, without restrictions as to alterations and without compensation to you or those under your parental care or guardianship. You also agree that the footage will constitute the sole property of OCDE. Parents or legal guardians further agree to waive any and all claims against OCDE and/or its officers, agents or employees arising from, or relating to the use or reproduction of the footage.

CONSENT, RELEASE, WAIVER AND AUTHORIZATION

By signing below, I consent to participation of my child in the above-described event/activity, to occur on the date(s) and time(s) noted above. I hereby release and discharge the Orange County Board of Education, the Orange County Superintendent of Schools, its officers, employees and agents, and the Orange County Academic Decathlon Association Board of Directors, my child's school and school district, and all affiliated agencies and individuals (hereinafter "Released Parties") from any and all liability arising out of or in connection with my child's participation in the Event/Activity. For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the Released Parties because of any death, personal injury or illness, or any loss or damage to property that occurs in connection with the Event/Activity. I further agree that this release and waiver of liability is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the remaining terms shall continue in full force and effect.

Print Parent/Guardian Name		Parent/Guardian Phone Number During Event/Activity	
Signature of Parent/Guardian	Date	Signature of Student	Date