



This form must be signed and returned to mock trial staff on or before the regional competition.

I am the lawful parent or guardian of the Participant named below. I am informed that the Idaho Law Foundation, Inc., an Idaho nonprofit corporation (“ILF”), holds and sponsors certain activities which include, but are not limited to, regional and state mock trial competitions and courtroom artist contests to be held in the State of Idaho (the “Activity”). This Agreement extends to all activities of the ILF including, but not limited to, the below-named Participant’s preparation for, travel to and from, and participation in the Activity. By my signature below, I agree to the participation of the below-named Participant in any activity which is in any way connected with the ILF.

In consideration of the voluntary participation of the below-named Participant in the Activity:

I acknowledge and accept the risk of injury associated with Participant’s participation in and transportation to and from the Activity, including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage, and I release, relieve, discharge, and hold harmless ILF and its affiliates, directors, officers, employees, leaders, advisors, committee members, student and adult volunteers, participants, representatives, successors, and assigns (collectively, “Representatives”) from any and all liability in any way arising out of or in connection with Participant’s participation in and transportation to and from the Activity.

I accept personal financial responsibility for any injury or other loss sustained by Participant during the Activity or during transportation to and from the Activity. I consent to Participant receiving medical treatment that may be deemed necessary in the event of any illness, injury, accident, or medical emergency resulting from or in connection with the Activity and understand that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation.

I agree not to initiate any legal proceeding or demand against ILF and its Representatives or join or assist in the prosecution of any claim for money or other damages that anyone may have on account of injuries (including death), losses, or damages sustained by Participant, other parties, or Participant’s or others parties’ property in connection with participation in and transportation to and from the Activity, and I waive any right I and my insurers may have to raise, join or assist in the prosecution of such claim. This means my insurers have no rights of subrogation against ILF and its Representatives.

I acknowledge that I have read this Agreement in its entirety and that I fully understand and agree to all its terms.

Participant’s Name: _____

Participant’s School: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____



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In consideration of my voluntary participation in the Activity:

I acknowledge and accept the risk of injury associated with participation in and transportation to and from the Activity, including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage, and I release, relieve, discharge, and hold harmless ILF and its affiliates, directors, officers, employees, leaders, advisors, committee members, student and adult volunteers, participants, representatives, successors, and assigns (collectively, “Representatives”) from any and all liability in any way arising out of or in connection with my participation in and transportation to and from the Activity.

I accept personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity. I understand that I am solely responsible for all costs related to any medical treatment that may be deemed necessary for me in the event of any illness, injury, accident, or medical emergency resulting from or in connection with the Activity.

I agree not to initiate any legal proceeding or demand against ILF and its Representatives or join or assist in the prosecution of any claim for money or other damages that anyone may have on account of injuries (including death), losses, or damages sustained by me, other parties, or my or others parties’ property in connection with participation in and transportation to and from the Activity, and waive any right I and my insurers may have to raise, join or assist in the prosecution of such claim. This means my insurers have no rights of subrogation against ILF and its Representatives.

I acknowledge that I have read this Agreement in its entirety and that I fully understand and agree to all its terms.

Participant’s Name: _____

Participant’s School: _____

Participant’s Signature: _____

Date: _____