



**PARENT/GUARDIAN CONSENT, RELEASE AND AUTHORIZATIONS
FOR STUDENT PARTICIPATION IN THE
ORANGE COUNTY ACADEMIC DECATHLON**

**For all Orange County Academic Decathlon Events/Activities
during the 2024-2025 school year, including scrimmage, competition dates,
workshops, awards ceremonies, and participation at the state competition.**

Scheduled Events/Activities:

Scrimmage – December 7, 2024

Essay – January 14, 2025

Speech / Interview – January 25, 2025

Objective Tests / Super Quiz – February 1, 2025

Awards Ceremony – February 7, 2025

JV Awards Ceremony – February 13, 2025

CAD Teams Dinner – March 14, 2025

California Academic Decathlon (CAD) – March 20-23, 2025

Opportunity for Decathletes to volunteer as Super Quiz proctors at the Academic Pentathlon events on May 3, 2025 and May 10, 2025. Volunteers take roll, distribute test materials, and monitor a team of students as they participate in academic tests.

Dates are subject to change. Coaches will provide additional details at a later date.

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

School: _____ **District:** _____

Parent Phone Number: _____ **Parent Email:** _____

Student Email: _____

I request that my child be permitted to participate in the above events, hereinafter referred to as “Events/Activities.” I understand that my child’s transcripts and/or grade records will be shared with the Orange County Department of Education (OCDE) for verification of Grade Point Average category. If my child becomes eligible to participate in the state or national program, I give permission for the Orange County Department of Education to share my child’s transcripts and/or grade records with the California Academic Decathlon, and the United States Academic Decathlon.

Participation in the Events/Activities includes participation in program evaluation, including surveys. OCDE utilizes surveys to collect student feedback about their experiences in the Academic Decathlon program. Surveys are voluntary and anonymous. Data collected is used to help improve our programs and services.

PARTICIPATION REQUIREMENTS

I hereby understand that my child must follow the policies, procedures, rules and regulations of these Events/Activities, and will accept the interpretations and decisions made by the Event/Activity manager, as applicable. I understand that violation of any of the policies, procedures, or rules, or inappropriate behavior at these Events/Activities, may result in my child’s removal from the Event/Activity at my expense and/or immediate disqualification from the competition, as applicable. I understand that all participants must compete in all required events. I understand that if my child does not compete in all required events, all scores may be voided and excluded from the team scores, and he/she may 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 these Events/Activities. 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 these Events/Activities (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/videotape your child is not required for your child to participate in the Events/Activities. 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 Events/Activities, to occur as 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 these Events/Activities. 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 Events/Activities. 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 Events/Activities
Signature of Parent/Guardian	Date