RELEASE OF LIABILITY SAN JOAQUIN COUNTY YOUTH IN GOVERNMENT DAY 2022 STUDENT PERMISSION DUE: <u>OCTOBER 27, 2022</u>

Name of stu	udent:					
	Firs	t	Middle Initial	Last		
now a stude	ent at (school na	me):		in grade	and living	
at:						
stre	et address	city	zip	contact	contact phone number	

wishes to participate in the San Joaquin County Youth In Government Day, a voluntary event, to be held at The Wentworth Education Center and Teachers College of San Joaquin

AS THE PARENT/GUARDIAN OF MY STUDENT, I AGREE TO HOLD SAN JOAQUIN COUNTY, ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES, VOLUNTEERS AND AGENTS, HARMLESS FROM ANY AND ALL CLAIMS OF LIABILITY ARISING OUT OF THEIR NEGLIGENCE, THE NEGLIGENCE OF ANY THIRD-PARTY, OR ANY OTHER ACT OR OMISSION BY ANY PERSON WHICH CAUSES MY STUDENT INJURY OR DAMAGES OF ANY NATURE IN CONNECTION WITH MY STUDENT'S PARTICIPATION IN THIS ACTIVITY.

I expressly consent to the release of information concerning or relative to the participation of my student in the youth and government day and associated activities. Such information shall include but is not limited to the release of photographs, the reproduction of sound, motion picture, and video or digital recordings.

I, THE UNDERSIGNED HAVE READ THIS DOCUMENT AND AGREE THAT MY STUDENT'S PARTICIPATION IN THIS PROGRAM IS PURELY VOLUNTARY. I UNDERSTAND THAT THIS DOCUMENT IS A <u>RELEASE OF ALL CLAIMS</u>. I VOLUNTARILY SIGN MY NAME ON MY AND MY STUDENT'S BEHALF AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS AND PARTICIPATION IN THE PROGRAM.

Student signature:	Date:

Parent/guardian signature: _____ Date: _____

Students must bring this completed form to check-in on the morning of <u>October 27, 2022</u> in order to participate in the San Joaquin County Youth in Government Day 2022.