



SAN JOAQUIN COUNTY
OFFICE OF EDUCATION

Science Olympiad A 2023-24

Student Permission Due: February 20, 2024

Name of Student: _____ In grade: _____
First/Last Name

School Name: _____ Home Address: _____
Address/City/Zip

Parent/Guardian Contact Phone: _____

wishes to participate in the San Joaquin County Science Olympiad A, a voluntary competition, to be held **online and/or in person** on **Saturday, March 9, 2024**. As the parent/guardian of my student, I agree to hold the San Joaquin County Office of Education, its Governing Board, officers, employees, volunteers and agents, harmless from any and all claims of liability arising out of their negligence, or any other act or omission which causes my student injury or damages of any nature in connection with my student's participation in this activity, pursuant to Education Code section 35330. Additionally, I agree and understand that the San Joaquin County Office of Education is not responsible for the transportation of my student, or any incidents that arise out of the transportation of my student to or from the program. I further agree that I will encourage my student to follow the Science Olympiad and accept the interpretations and decisions made by the Science Olympiad Committee. By signing this request I expressly consent to the possible release of educational information concerning or relative to the participation of my student in the Science Olympiad and associated activities. Such information shall include, but is not limited to, the release of photographs, test results, the reproduction or transmission of sound, motion picture, and video or digital recordings. Consent is likewise given for the use of my student's school information by any institute of higher learning for the purposes of study, comparison and the furtherance of knowledge in the fields of education or human behavior. The San Joaquin County Office of Education shall have the right to reproduce, use, display and disseminate without obligation of any kind to any person, the test efforts resulting from the Science Olympiad.

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 RELEASE OF ALL CLAIMS. 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.

My parent and I have read and understand the **Science Olympiad rules** and will accept the consequences of violation if necessary.

STUDENT NAME: _____ DATE: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

For further questions visit our website:
www.sicoe.org/scienceolympiad/DivisionA2.aspx
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