



California State Spelling Bee Championship

2024 California State Spelling Bee Championship

Consent for Publication of Photographs and Video

For students under 18 years old

Student's name:

County:

(please print first and last name)

(please print the county you are representing)

Division: Elementary: (4-6) Junior High (7-9)
(please check one)

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 State Spelling Bee and accept the interpretations and decisions made by the State Spelling Bee 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 State Spelling Bee 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 State Spelling Bee.

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.

Parent/Guardian signature _____ Date _____

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209.468.4866