

COBB COUNTY SOLICITOR GENERAL'S OFFICE MOCK TRIAL APPLICATION & WAIVER FORM

By completing this application and waiver form, you, as parent/guardian to your child/student, are confirming that your child/student will be available and allowed to participate by your written consent for all in-person competition dates and related events described as follows: Drop off and pick up from the Cobb Solicitor General's office daily or by approved designee, participate in recreational activities offering educational opportunities for your child, and any in-office educational activities as planned from Monday, July 7 thru Friday, July 11, 2025.

You, as parent/guardian, acknowledge that participation in the Mock Trial Program and related activities (timeline attached) is not mandatory.

You, as parent/guardian, understand that participation in this Mock Trial Program and its associated activities involves the risk of personal injury. You also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

You, as parent/guardian, understand the above instructions that I/my child/student is/are expected to comply with them. Further, you agree to instructing your child/student to comply with them as well as other directions given by the Mock Trial Program leaders/supervisors. You agree that approved Mock Trial Program leaders/supervisors may provide transportation during the above listed activities.

Please indicate below if your child/student requires accommodations (e.g. food allergies, etc.) to access the competition:

_____ Your child/student does not require accommodation.

_____ Your child/student does require accommodation. To arrange accommodations to participate in the mock trial competition, please contact _____ at _____.

Student's Name _____ Grade _____

Address _____

Phone Number (Home & Cell) _____

Email (School account) _____

Parents/Guardians Name _____

Parents/Guardians' Email _____

Parents/Guardians' Phone Number _____

If I cannot be reached in case of emergency, please notify:

Name	Home Phone	Alternate Phone
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Medical Insurance	Policy Number	Phone Number
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Name of School: _____

Has your child/student ever participated in the Solicitor General's Office sponsored Mock Trial Program before?
_____ (Yes/No)

Career Interests of your child/student (ex. Lawyer, paralegal, investigator): _____

PLEASE PROVIDE, ALONG WITH THIS MOCK TRIAL APPLICATION & WAIVER FORM A ONE (1) TO TWO (2) PAGE EXPRESSION OF INTEREST ESSAY FROM YOUR CHILD/STUDENT AS TO WHY YOUR CHILD/STUDENT DESIRES TO PARTICIPATE IN THE COBB COUNTY SOLICITOR GENERAL OFFICE'S MOCK TRIAL PROGRAM.

PARENT/GUARDIAN - PLEASE REVIEW AND INITIAL AS FOLLOWS:

____ PHOTO/VIDEO RELEASE: You give Cobb County Solicitor General's Office permission to use your child's/student's photo/video/voice recording for reproduction for public relations, promotional and/or illustrative purposes. You understand that the above activities will not result in any profit and that you will not receive any monetary compensation. Permission is granted to make changes or alterations and to use your child's/student's name or fictitious name in editorial works, promotions, or advertising.

____ TRANSPORTATION: Once your child/student has been dropped off at the Cobb County Solicitor General's Office, you give permission to have your child/student be transported by Cobb County Solicitor General's Office to and from the mock trial competition and its related event(s), wherever it may be. You agree to hold Cobb County and Cobb County Solicitor General's Office harmless in the event of injury to your child/student, including any property damage while the student/child is being driven to and/or from mock trial events, activities, or sites in a vehicle affiliated with or provided by the Cobb County Solicitor General's Office. In addition, you agree not to assert against Cobb County or the Cobb County Solicitor General's Office, all current, former and future members of Cobb County or Cobb County Solicitor General's Office, all current, former and future employees and/or volunteers of Cobb County or Cobb County Solicitor General's Office, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the child/student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, based on any mental, emotion or physical injuries and/or property damage sustained by the student while being so transported.

PLEASE NOTE: You are wholly responsible for providing transportation for your child/student to and from your residence and the Cobb County Solicitor General's Office.

____ CODE OF ETHICAL CONDUCT RULES:

- Rules of the mock trial competition provided to your child/student before the mock trial competition will be followed in all events involving this competition.
- You and your child/student understand and agree that the use of alcohol, drugs, and weapons are forbidden.
- You and your child/student promise(s) to participate in all events associated with the Cobb County Solicitor General Office's mock trial competition with the highest standards of professional behavior showing respect for fellow team member children/students, opponents, coaches, judging panel, staff, volunteers, and all other participants of the competition/events, before, during, and after the competitions.
- You understand that your child/student is expected and has been instructed by you to follow exactly the instructions of the coaches, judging panel, staff, and volunteers and all other special requirements involved with the Cobb County Solicitor General Office's mock trial competition and related event(s). You have reviewed this application and waiver form and agree to the terms of the letter attached hereto as Exhibit "A."

____ INSURANCE: You understand that Cobb County or the Cobb County Solicitor General's Office does not or may not carry insurance relative to the mock trial competition and its related event(s) or for injuries to yourself or your child/student. You confirm that you and/or your child/student has/have insurance through your insurance company, or other type of coverage, or that you shall personally be responsible for any medical expenses.

____ AUTHORIZATION FOR MEDICAL CARE: You acknowledge that the mock trial competition and related events addressed by this application and waiver form is completely VOLUNTARY. You agree to have your child/student receive any emergency medical services deemed necessary by the authorities in charge. It is understood that the resulting expenses will be your responsibility as the parent/guardian.

____ RELEASE AND COVENANT NOT TO SUE: In consideration for your child/student's participation in the Cobb County Solicitor General's Office mock trial competition, you agree to RELEASE, WAIVE, DISCHARGE, AND

COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS for any and all purposes Cobb County, Georgia, the Cobb County Solicitor General's Office, and its elected officials, officers, directors, employees, agents, volunteers, program organizers, and sponsors (hereinafter, "Releasees") FROM ANY AND ALL LIABILITIES, DEMANDS OR CLAIMS FOR ANY INJURY TO PERSON OR PROPERTY (INCLUDING DEATH) that may be sustained (directly or indirectly) by you or your child/student while participating in the mock trial competition and related event(s).

You further agree to indemnify, defend and hold harmless the Releasees for any loss, liability, damage or costs (including any costs of litigation and attorney's fees) that may occur (directly or indirectly) as a result of you and/or your child's/student's participation in the Cobb County Solicitor General Office's mock trial competition and its related event(s).

You are the parent or legal guardian of your child/student and represent that you are lawfully authorized to provide valid consent, or enter into valid contracts, on your child's/student's behalf. You further agree that you are entering into this agreement with the Cobb County Solicitor General's Office on behalf of you and/or your child/student as well as either of your heirs, executors, administrators, successors, representatives, assigns or next of kin.

You hereby state that you are under no disability to contract and have read and understand this release of liability, covenant not to sue, and waiver of claims. You further understand that this is a contract, not a mere recital, and you have been provided the opportunity to consult with an attorney of your choice.

NOTE: This form must be signed by student if the student is 18 years of age or older.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Return completed form and waiver by Friday, May 9, 2025.

Please email required application, waiver, and essay to: young.tae@cobbcounty.org.

EXHIBIT A

TO WHOM IT MAY CONCERN:

I have given my child/student permission to participate in the Cobb County Solicitor General Office's mock trial competition and related event(s). I further agree that if in the judgment of staff, volunteers, and other officials running the Cobb County Solicitor General Office's mock trial competition and related event(s), that my child/student is a detriment to the mock trial competition and related event(s), my child/student may be sent home immediately, and I will be responsible for any expense incurred by my child/student. Further, I authorize any adult at the mock trial competition and any related event(s) to exercise his/her discretion in authorizing any medical or surgical treatment which may be deemed necessary for my child/student while participating in the mock trial competition and related event(s).

_____ (Participant's name)

This _____ day of _____, 20_____.

PARENT (Guardian)

SWORN TO AND SUBSCRIBED before

me this _____ day of

_____, 20_____.

_____ (SEAL)

NOTARY PUBLIC, _____

COUNTY, GEORGIA

Return completed form and waiver by Friday, May 9, 2025.

Please email required application, waiver, and essay to: young.tae@cobbcounty.org.