



Student Debater Agreement

Student Affidavit

I agree to attend all necessary practices (as decided by my coach), research given topics dutifully, and conduct myself at every Orange County Debate League [OCDL] tournament with integrity, honesty, and good character.

I will arrive at each tournament/event on time and leave only after the last round of debating has ended.

To the best of my knowledge, all information used in my debate is factual and properly cited.

Student School _____

Student Name _____

Student Signature _____

Parent/Guardian Affidavit

I certify that, to my knowledge, my son/daughter has prepared ethically and dutifully for each debate event. I agree to direct my child to cooperate with directions and instructions of the host school and Orange County Debate League [OCDL] personnel in charge of the activity.

I agree to abide by the rulings/decisions of OCDL judges/administration, exercise good judgment and character, and behave in a dignified manner at each OCDL event. In addition, I agree to assume responsibility for the actions of my guests/family at each tournament.

I agree that my child may have his/her full name, quotes, image/picture, grade, and school name posted, published, and used for educational and publicity purposes by the OCDL and its affiliates.

I agree and understand that all persons attending and/or participating in OCDL debate events hereby waive any and all claims against the event host school and the OCDL (including its officers, volunteers, agents, successors, assigns, and insurers) ("Released Parties") for loss or damage to property, injury, accident, illness, or death occurring during or arising out of the debate events, except when gross negligence by the Released Parties is proven.

I authorize, pursuant to the provision of Section 25.8 of the Civil Code of California, the physician/medical advisor in charge of the emergency to give such attention as may be thought necessary if I cannot be reached. I also realize that local police or paramedics may be called, in certain circumstances, in order to assure emergency treatment. I understand that if I do not authorize said attention, that I either I (or an authorized guardian) must remain with my child.

Parent/Guardian Name _____

Parent/Guardian Signature _____