

THIS PAGE IS TO BE FILLED OUT AND SIGNED BY THE STUDENT

Evergreen Valley Speech and Debate Student Contract

I, (first name)_____ (last name) _____,
promise to treat my Evergreen Valley Speech and Debate (EVSD) teammates with respect, both
online and offline, both when they are present and when they are not.

Initial: _____

When at Speech and Debate tournaments, I will not leave campus without the designated EVSD
club chaperon until I am signed out with the chaperon by an adult.

Initial: _____

During EVSD club elections, whether I am a candidate or not, I promise to not engage in
negative campaigning and to not campaign outside of the official EVSD Facebook and Google
groups.

Initial: _____

I promise to abide by all EVSD club policies and procedures.

Initial: _____

I agree that if I violate the above promises, I may be subject to suspension or removal, at the
discretion of the coach, from tournaments, EVSD Facebook groups, elections, and the club in
general.

Initial: _____

Signature: _____

Date: _____

THIS PAGE IS TO BE FILLED OUT AND SIGNED BY THE PARENT/GUARDIAN

Waiver of Liability

In consideration for receiving permission to participate in the Evergreen Valley High School Speech and Debate Club, I hereby release, waive, discharge, and covenant not to sue the Evergreen Valley High School Speech and Debate Club, the IPACE parent committee, their officers, agents, volunteers, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, regardless of whether such loss is caused by the negligence of the RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

Initial here: _____

I, the undersigned, in my capacity as parent and/or guardian of _____, release, waive, discharge, and covenant not to sue Mr. Artem Raskin (hereinafter "COACH") from all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by _____ while participating in any and all speech and debate activities authorized by Evergreen Valley High School. Speech and debate activities are defined as including tournaments, practices, speech and debate social functions, and all transportation to and from speech and debate tournaments, and speech and debate social functions. I, the undersigned, release COACH from all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage, or injury, or even death, that may be sustained by _____ regardless of whether such loss is caused by the negligence of COACH.

Initial here: _____

I, the undersigned, am aware that speech and debate activities include risk of injury or death and hereby authorize _____ to voluntarily participate in authorized speech and debate activities. I voluntarily assume full responsibility for any risks or loss, property damage, or personal injury, including death, that may be sustained by _____.

Initial here: _____

I hereby authorize the agents, employees, and volunteers of the Evergreen Valley High School Speech and Debate Club and of the IPACE parent committee to give my child, _____, car rides to and from speech and debate tournaments, practices, social functions, and other related events.

Initial here: _____ (Optional)

Name: _____ Signature: _____
Date: _____

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Emergency Information

Please print clearly in ink.

Last Name	First Name	Date of Birth	Sex	Grade	Student ID#

First Parent / Guardian: _____ **Relationship** _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Second Parent / Guardian: _____ **Relationship** _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

If illness or injury requires that my son/daughter be dismissed from school when parent/guardian cannot be contacted, he or she may be released ONLY by the following listed persons:

First Contact Name _____ **Relationship** _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Second Contact Name _____ **Relationship** _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Third Contact Name _____ **Relationship** _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Fourth Contact Name _____ **Relationship** _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Physician Name	Telephone	Hospital Affiliation	Medical Insurance Carrier

Does your son/daughter have any current health problems about which the school should be informed?

Yes _____ No _____ If yes, please explain: _____

Does he/she take daily medication at home? Yes _____ No _____ If yes, name of medication and medical reason: _____

Will medication need to be administered at school? **Yes _____ No _____ If yes, name of medication and medical reason: _____

*** In order for medication to be given at school, please request Medication Consent form from our school health care technician to be completed by parent and doctor.*

In case of an emergency, your son/daughter may be taken to an emergency facility by ambulance if necessary. I understand the District assumes no responsibility for expenses incurred.

Parent/Guardian Signature _____ Date _____