

## ACCEPTANCE OF RISK AND RELEASE OF LIABILITY

**Activity:** San Bernardino County High School Mock Trial\_\_\_\_\_

**Activity Date(s) and Time(s):** November 12, November 19, December 3, December 10, 2025 and January 14 and January 15, 2026 from 4:30 p.m. through 8:00 p.m.; January 24, 2026, from 7:30 a.m. through 4:30 p.m.

**Activity Locations(s):** Superior Court of California, County of San Bernardino: 247 West Third Street, San Bernardino; 14455 Civic Drive, Victorville; 8303 Haven Ave., Rancho Cucamonga.

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue the Superior Court of California, County of San Bernardino**, and its judges, subordinate judicial officers, court executive officer, court administrators, employees, volunteers, agents and representatives (collectively “Court”) from any and all claims, **including claims of the Court’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in the Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in Activity, including travel to, from and during the Activity.**

**I agree to hold the Court harmless from any and all claims**, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the Court incurs any of these types of expenses, I agree to reimburse the Court. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the Court from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Date: \_\_\_\_\_

\_\_\_\_\_  
Minor Participant's Parent/Guardian Signature

\_\_\_\_\_  
Minor Participant's Parent/Guardian Name (print)