STEFAN BEAN, Ed.D.
County Superintendent of Schools

Orange County Department of Education
Educational and Student Services Division

PARENT/GUARDIAN CONSENT, RELEASE AND AUTHORIZATIONS
FOR STUDENT PARTICIPATION IN THE

ORANGE COUNTY SPELLING BEE

For all Orange County Spelling Bee Events/Activities during the 2026-2027 school year:
Written Round – Monday, February 22, 2027
Final Oral Round – Saturday, February 27, 2027
Location for both events: Orange County Department of Education, 200 Kalmus Dr., Costa Mesa, CA, 92626

Full Name of Student (Print): _____ **Grade**: _____

School: _____ **District (if applicable)**: _____

Home Address: _____

City: _____ **Zip Code**: _____ **Home Telephone**: _____

Parent Email: _____

I request that my child be permitted to participate in the events described above, hereinafter referred to as "Events/Activities." Participation in the Events/Activities includes participation in program evaluation, including surveys. The Orange County Department of Education (OCDE) utilizes surveys to collect student feedback about their experiences in the Spelling Bee program. Surveys are voluntary and anonymous. Data collected is used to help improve programs and services.

PARTICIPATION REQUIREMENTS

I hereby agree to follow the policies, procedures, rules, and regulations of the Events/Activities, and I will accept the interpretations and decisions made by the Event/Activity manager, as applicable. I acknowledge that I have also read and fully understand and agree to abide by the program's policies and requirements for participation in the Events/Activities. I understand that violation of any of the policies, procedures, or rules or inappropriate behavior at the Events/Activities may result in removal from the Events/Activities and/or immediate disqualification from the competition, as applicable. In addition, I understand that my child must attend school in Orange County in order to be eligible to participate in the Events/Activities.

MEDICAL

In the event of illness or injury, I hereby consent to any x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment of my child rendered by a physician, medical or emergency room staff of any hospital, or a dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the physician or dentist in the exercise of his/her best judgment. It is understood that the resulting expenses will be my responsibility.

Special Medical Needs: _____

Allergies: _____

Alternate Emergency Contact (Please Print): _____

Phone Number: _____ **Relation to Student**: _____

MEDIA/PROMOTIONAL ACTIVITIES

OCDE and its partners would like to photograph and/or videotape students participating in the Events/Activities. In addition to this footage, OCDE would like to indicate students' names, schools attended, program participation, program submissions, and comments about the program. The footage and information may be displayed at OCDE, on OCDE websites, in media reports, and/or at OCDE-sponsored events to promote the program that supports the Events/Activities (e.g. student photos, news releases, etc.). The footage and information will be used as described and, as such, your child's identity may be disclosed to other students, parents, and the public.

If you agree to give permission to have your child's image and information used, please indicate your agreement by signing below. Your consent to photograph/video your child is not required for your child to participate in the Events/Activities. By signing, you irrevocably consent to the use and reproduction of the footage by OCDE and represent that you are the parent or legal guardian of the child, with authority to execute this release form. In addition, you give consent for the image and information to be used as described above, without restrictions as to alterations and without compensation to you or those under your parental care or guardianship. You also agree that the footage will constitute the sole property of OCDE. Parents or legal guardians further agree to waive any and all claims against OCDE and/or its officers, agents or employees arising from, or relating to the use or reproduction of the footage.

CONSENT, RELEASE, WAIVER AND AUTHORIZATION

By signing below, I consent to participation of my child in the above-described Events/Activities, to occur on the date(s) and time(s) noted above. I hereby release and discharge the Orange County Board of Education, the Orange County Superintendent of Schools, its officers, employees and agents, and my child's school and school district, and all affiliated agencies and individuals (hereinafter "Released Parties") from any and all liability arising out of or in connection with my child's participation in the Events/Activities. For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the Released Parties because of any death, personal injury or illness, or any loss or damage to property that occurs in connection with the Events/Activities. I further agree that this release and waiver of liability is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the remaining terms shall continue in full force and effect.

Print Parent/Guardian Name	**Parent/Guardian Phone Number During Events/Activities**
Signature of Parent/Guardian	**Date**

Spelling Bee Coordinators should keep the original signed copy of this form for their records and upload a scanned PDF as part of their winner registration materials by February 4, 2027. Forms can also be sent by mail to:

Orange County Department of Education
Attention: Theresa Bernard - Redhill
200 Kalmus Drive, Costa Mesa, CA 92626

Questions should be directed to:
Theresa Bernard, Project Liaison (714) 966-4316 or spellingbee@ocde.us
Website: www.ocde.us/spellingbee