



2019 Riverside County Spelling Bee Participation Form

Please check one: _____ Winner _____ Alternate

I, (student name, please print) _____
First Last MI

now a student at _____ in grade _____
School Name District

Parent E-Mail Address - REQUIRED. Phone Number
Confirmation information will be sent via email to parent/guardian.

hereby request participation in the **2019 Riverside County Spelling Bee** competition to be held **Tuesday, March 19, 2019 at Moreno Valley Conference and Recreation Center**

AUTOBIOGRAPHICAL SKETCH: Please provide a paragraph about yourself which includes your hobbies, pets, favorite subjects, future ambitions, reasons for entering the Bee, how you studied, etc. Autobiographical sketch information will appear as it is written in the program for the Riverside County Spelling Bee. *(Please limit paragraph to space provided, either handwritten or typed.)*

My parent or guardian, whose signature is shown below, and I, hereby agree to follow the competition rules and will accept the interpretations and decisions made by the Riverside County Office of Education and the Riverside County Spelling Bee officials. By signing this request, this student and parent/guardian expressly grant authority to, and indicate consent to, the release of educational information about, or relative to, the participation of this student in county, state, or national competition activities. Such information shall include, but not be limited to, the release of photographs, competition results, the reproduction of sound, motion pictures or videotape recordings, etc. The Riverside County Office of Education and The Press-Enterprise shall have the right to reproduce, use, display, and disseminate in such manner as it sees fit, without obligation of any kind to any person, the efforts resulting from competition activities.

As stated in California Education Code Section 35330, my parent or guardian and I understand that we waive all claims against the Riverside County Superintendent of Schools ("Superintendent"), Riverside County Office of Education, Riverside County Board of Education, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Superintendent, its officers, agents or employees.

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of District Coordinator

Date

Please return completed form by Friday, February 15, 2019 to:
Riverside County Office of Education | Tracey Case, Administrator
P.O. Box 868 | Riverside, CA 92502-0868 | (951) 826-6570 | tcase@rcoe.us