

Emory National Model UN Conference (ENMUNC)
RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Every Participant must have a completed and signed release form to turn in before or at registration on the first day of conference to participate. ALL areas must be completed.

Student's Name (First, MI, Last):	Name of Parent / Legal Guardian:	Parent/Legal Guardian Mobile #: _____ Work: _____ Email: _____
Address:	City, State & Zip:	Phone Number:

I _____, as parent or legal guardian of _____, an attendee (hereinafter "attendee"), hereby grant the permission necessary to allow attendee to participate in the above conference to be conducted by Emory University ("Conference"). I understand that Releasees (as defined below) do not guarantee the suitability of the Conference for Attendee's participation. I understand that there are inherent risks involved in participating in the Conference, and I realize that participation in the Conference is my and the Attendee's choice. I am aware that, during the Conference, certain risks and dangers may occur, including, but not limited to, the hazards of traveling by automobile, bus or other conveyance; accident or illness; the forces of nature; all manner of foreseen and unforeseen bodily and personal injuries, including death; damage to property; and the consequences resulting therefrom.

I understand that it is my and the Attendee's responsibility to know what personal equipment is required (such as footwear and clothing) and provide the proper personal equipment for Attendee's participation in the Conference, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that Attendee knows how to safely participate in the Conference activities. IN CONSIDERATION OF ATTENDEE BEING PERMITTED TO ATTEND AND PARTICIPATE IN THE CONFERENCE, I ACKNOWLEDGE AND VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH THE CONFERENCE.

I, on my own behalf and on behalf of the Attendee our heirs, representatives, executors, administrators and assigns, for the sole consideration of Attendee being allowed to attend and participate in the Conference, do hereby release, relieve, covenant not to sue and forever discharge, defend, indemnify and hold harmless, Emory University, its trustees, officers, agents, employees, students, and volunteers (hereinafter collectively "Releasees") of any and from all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind or nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with arising out of or connected with the Conference, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Attendee may incur or sustain during the Conference, all activities associated with the Conference and while traveling to and from the site for the Conference whether or not the Conference actually occurs. I, ON MY OWN BEHALF AND ON BEHALF OF THE ATTENDEE, HEREBY WARRANT THAT I HAVE READ THIS RELEASE OF LIABILITY IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENTS. I, ON MY OWN BEHALF AND ON BEHALF OF THE ATTENDEE, AM AWARE THAT THIS RELEASE OF LIABILITY RELEASES RELEASEES FROM LIABILITY AND CONTAINS AN ACKNOWLEDGEMENT OF MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY OR ILLNESS.

Medical Release. I, on my own behalf and on behalf of the Attendee, acknowledge and agree that such participation subjects Attendee to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Attendee, acknowledge that the Attendee is in good health, physically fit and mentally capable of participating in Conference activities, and is covered by accident and health insurance, and I hereby give full approval for my child's participation in the Conference. In the event of such illness or injury, I authorize Emory University to obtain necessary medical treatment of the Attendee and hereby, on my own behalf and on behalf of the Attendee, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Attendee for any illness or injury that the Attendee may sustain during the Conference and while traveling to and from the site for the Conference.

Conference Rules. I further acknowledge and understand that ENMUNC has established rules and regulations pertaining to conduct, behavior and activities of all Conference participants by which Attendee and I agree to abide during the Conference), and that Attendee and I will be responsible for his/her/my failure to abide by those rules and regulations. Attendee and I have received, read (if applicable) and understand the Conference rules. Attendee and I understand that violation of the rules can result in dismissal from the Conference.

Insurance and Medical Information I represent that any medication to which Attendee is allergic or medications that Attendee is currently taking are listed below. I agree that Attendee shall bring medications which Attendee is currently taking with him/her to the Conference and that he/she shall consume the prescribed dosage for such medications. **Emory UNIVERSITY will not administer or supply any type of medication at the conference.**

Medications if any: _____ Allergies if any: _____

Attendee Birth date: ____/____/____

Emergency Information: Name to contact: _____ Address: _____

City, State, Zip: _____ Cell Phone Number: (_____) _____

Daytime Telephone: (_____) _____ Evening Telephone: (_____) _____

BY SIGNING BELOW, I, ON MY OWN BEHALF AND ON BEHALF OF THE ATTENDEE HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THE ABOVE BEFORE SIGNING AND AGREE TO COMPLY WITH THE ABOVE PROVISIONS. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IF ANY PORTION OF THE RELEASE IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles.

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Attendee: _____

I, identified above as Attendee, acknowledge that I have read and understand the Conference Rules and agree to abide them.

Signature of Attendee: _____

Date: _____