

**University of Delaware Model United Nations Conference**  
**Release and Indemnification Agreement for Participants**

**Name of Participant:** \_\_\_\_\_

**School/Delegation of Participant:** \_\_\_\_\_

**INSTITUTION:** University of Delaware, HenMUN VI Model United Nations Conference

**DESCRIPTION OF ACTIVITY:**

The Participant will register at University of Delaware (“University”) and participate in the University of Delaware Model United Nations Conference (“Conference”). The Participant will attend committee sessions and other events held on the campus of University of Delaware.

**LOCATION:** University of Delaware, Newark, Delaware

**DATE:** March 2, 2018 – March 4, 2018

I, the **Participant** (or Parent/Guardian if the **Participant** is a Minor), do certify that I am fully competent to sign this Agreement. I give my permission for the **Participant** to participate in the above-referenced Conference. I acknowledge that working in this setting may expose the **Participant** to hazards or risks that may result in the **Participant’s** illness or personal injury, and I understand and appreciate the nature of such hazards and risks. I recognize that the **Participant** must abide by all regulations established by the University of Delaware Model United Nations Conference as well as all applicable laws and regulations and University policies and procedures, and I understand that the **Participant’s** failure to do so may result in the **Participant’s** dismissal from the Conference, requiring me to make arrangements for, and to pay all of the costs relating to, the **Participant’s** departure.

In consideration of the **Participant** being permitted to participate in the Conference, and recognizing that the **Participant** is not enrolled at the University nor paying any tuition or fees, I hereby accept all risk to **Participant’s** health and all risk of his/her injury that may result from such participation, and I hereby release the University of Delaware, including the governing boards, trustees, officers, employees, and representatives from any and all liability to **Participant, Participant’s** personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage, to **Participant’s** property and for any and all illness or injury to **Participant’s** person that may result from or occur during **Participant’s** participation in the Conference, whether caused by negligence of University of Delaware, their governing boards, trustees officers, employees, students or representatives, or otherwise. I further agree to indemnify and hold harmless University of Delaware and the governing boards, trustees, officers, employees, and representatives from liability for the injury for any person(s) and damage to property that my result from Participant’s negligent or intentional act or omission while participating in the Conference.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DAMAGE TO **PARTICIPANT’S** PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY. I FURTHER UNDERSTAND THAT THIS AGREEMENT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND ANY DAMAGE TO PROPERTY CAUSED BY PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

\_\_\_\_\_  
Signature of Participant  
(or Parent/Guardian if Participant is a minor)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address (if different than Participant’s)

\_\_\_\_\_  
Date Signed