



Cleveland Council on World Affairs Model United Nations Student/Parent/Advisor Liability Release Form

By signing this liability release form, each participant, delegate, advisor, or parent, agrees to abide by the rules of the Cleveland Council on World Affairs Model United Nations Program and the conference venue. These rules are established for participants' safety and for that of the volunteers, staff, and venue. Rules will be strictly enforced by CCWA Model UN Staff and violations may result in expulsion from the conference.

Every student and faculty advisor participating in the CCWA Model UN Program must sign and return a copy of this form to CCWA before entering the conference. Students under the age of 18 must also obtain a signature from a parent or legal guardian. Students or faculty advisors who do not have a completed release form on file prior to the CCWA Model UN Conference will not be permitted to enter the conference and will be unable to participate in any conference activities.

I, _____, the undersigned participant hereby indemnify and hold harmless, to the fullest extent permitted by law, the Cleveland Council on World Affairs, their directors, officers, employees, staff, volunteers, and any agents from and against any and all claims, liabilities, losses, costs, or obligations, including, but not limited to attorney's fees and expenses, which may arise out of my traveling to, participating in, or returning from the CCWA Model UN Conference, including, but not limited to, liability for injury, death, and loss or damage of property. I accept full responsibility for all charges and damages of my cause to the venue and conference property.

I declare that I have read, understand, and will adhere to the rules of the Cleveland Council on World Affairs Model UN Program stated within the Delegate Preparation Guide, or communicated to advisors or students at the conference. I will adhere to the applicable laws of the State of Ohio and other pertinent laws or regulations in force at the conference location.

As a participant of the conference, I give my consent to be photographed, videotaped, and/or interviewed by CCWA staff and for said photographs, videos, and interviews to be used by CCWA in any manner of their choosing.

I understand and agree that refunds or other consideration will not be granted for any reason except as provided for by CCWA policy and procedure. I understand that I may be removed from the conference at any time for violating this agreement with no expectation of refund.

I understand and acknowledge that this agreement is enforceable to the fullest extent of the law within the State of Ohio, and that any provisions herein found invalid as a matter of law will be deemed severable from the balance of agreement.

Participant Name (Print): _____

Participant Signature: _____ Date: _____

Parent/Guardian Name if participant is a minor (Print): _____

Parent/Guardian Signature: _____ Date: _____

School: _____