

Boston University Academy Model UN Conference 2020

Release and Identification Agreement for Minors

NAME OF MINOR PARTICIPANT:

DELEGATION / SCHOOL:

INSTITUTION:

BU Academy Model UN
A student group of BU Academy
1 University Road,
Boston, MA 02215

DESCRIPTION OF ACTIVITY:

The Participant will register at **Boston University Academy (BUA)** and participate in the Boston University Academy Model UN Conference (**BUAMUN**). The Participant will attend committee sessions and other events held on the campus of Boston University Academy/ Boston University.

LOCATION:

College of Arts and Sciences (Boston University campus), Boston, MA

DATE:

February 1st, 2020 through February 2nd, 2020

I, the Parent/Guardian of the above-named Participant, which Participant is under eighteen (18) years of age, do certify that I am fully competent to sign this Agreement. I give permission for the Participant to participate in the above-referenced BUAMUN 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 BUAMUN Staff and Secretariat and Boston University Academy, and by all applicable laws and regulations, and I understand that the Participant's failure to do so may result in the Participant's dismissal from BUAMUN, requiring me to make arrangements for, and to pay all the costs relating to, the Participant's departure.

In consideration of the Participant being permitted to participate in BUAMUN, and recognizing that the Participant is not enrolled at the University or Academy nor paying any tuition or fee, 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 BUAMUN, BU Academy, and Boston University (BU), including their governing boards, officers, employees, and representatives from any and all liability to Participant, Participant's personal representatives, estate, and all illness or injury to Participant's person that may result from or occur during Participant's involvement in BUAMUN, whether caused by the negligence of BUAMUN, BUA, or BU, their governing boards, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless BUAMUN, BUA, and BU and their governing boards, officers, employees, or representatives from liability for the injury of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in BUAMUN. *N.B.: BUAMUN staff will only be directly supervising the Participant between the hours of 8:15am-5:00pm on 2/1/20 and 9:00am-3:15pm on 2/2/15.*

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 OR TRIP. 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 Parent/Guardian

Date Signed