

Participant's Last Name:

**CENTRAL NEW YORK MODEL UNITED NATIONS
at SYRACUSE UNIVERSITY**

CONSENT FORM

Dear Parent or Legal Guardian:

Your child is eligible to participate in the Central New York Model United Nations (the "Event") at Syracuse University, provided that she/he is at least 12 years of age or older. The Event will take place under the guidance and supervision of Syracuse University personnel. The following is a brief description of the Event:

Description of Event: Model United Nations Conference featuring opening and closing ceremonies and several sessions of debate related to global problems.

Location(s): Hendricks Chapel, Hall of Languages, HB Crouse and Hinds Hall, Syracuse University

Date(s): January 10 & 11 2025

A more detailed description of the Event and the scheduled activities can be found on the following webpage: www.cnymun.org

Instructions

If you consent to your child's participation in this Event, please complete, sign and return the following form to Syracuse University either through your child's school Model UN Advisor or at at the event check-in.

I hereby consent to _____'s
(my child)

(insert child's full legal name)

participation in the Event as described above. I understand that the Event will take place at Syracuse University and that my child will be under the supervision of Syracuse University & affiliated personnel. I further understand, acknowledge and agree, on behalf of myself and my child, that:

- (1) I have read and understand the Event information provided to me;
- (2) I accept and assume all risks of my child's participation in the Event (whether foreseeable or unforeseeable), including, but not limited to, risks associated with any transportation provided to and/or from the Event;
- (3) my child's participation in the Event and all associated activities is entirely voluntary;
- (4) my child is expected to follow and abide by all policies, procedures, rules, regulations and directives applicable to participants in the Event, including, but not limited to, the prohibition against bringing drugs, alcohol, or weapons to the Event, and that any failure to do so may result in

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- my child being asked to leave the Event;
- (5) my child may be subjected to security scans, including bag checks, in order to enter into the Event facilities;
- (6) Syracuse University is not be responsible for any delays in the Event, or any changes to the Event due to circumstances beyond its reasonable control;
- (7) my child is physically and mentally capable of participating in Event, with or without reasonable accommodation. I will notify the University of any reasonable accommodations my child will need to enable my child to participate in the Event. I have disclosed any known allergies or other medical information pertinent to my child's participation in the Event in the space provided below for Syracuse University's planning purposes; however, I acknowledge that myself or my child are also responsible for disclosing this information to the on-site Event personnel at the start of the Event.*
- (8) In the event of any injury, accident and/or illness to my child during the Event and I cannot be reached, I give Syracuse University permission to obtain or provide medical treatment for my child from providers and medical personnel selected by Syracuse University, including without limitation transport to an available medical facility. I personally accept financial responsibility for the full amount of any expenses incurred in connection with such treatment or transport;
- (9) I give Syracuse University (and anyone acting on its behalf) permission to take, edit and use any audio/video recordings or photographs of my child during the Event, and use those photographs and recordings, together with my child's name, biographical information or any statements/quotes my child gives about the Event, for any promotional, recruiting, fundraising, academic, public relations or media-related purposes related to the Event (each, a "Permitted Use"), without compensation to me or my child. This includes, without limitation, in television, digital, radio and print advertising, internal and external publications, videos, admissions and fundraising materials, social media posts, and University and non-University websites. I waive any right to review or approve of the photographs, footage or any Permitted Use.
- (10) I waive, and release and discharge the University and its trustees, officers, directors, employees, agents, contractors and representatives (each, a "Released Party") from, any and all claims, causes of action, demands and liabilities arising out of or related to a Permitted Use or my child's participation in the Event, including without limitation claims related to rights of privacy or publicity, bodily injury or death, or damage to or loss of personal property, and liability for damages or the payment of any royalties, unless caused by the negligence or willful misconduct of a Released Party.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Print Name of Participant

Signature of Participant

Date

Participant's Last Name:

Primary Telephone # _____ Emergency Telephone # _____

***Please Identify Any Special Medical Needs/Allergies/Medications Here:**