**PARTICIPATION FORMS**

**To be completed and signed in INK**

###  Due Date: December 20, 2019

###### Please Note: Facsimiles of this form are NOT acceptable - original documents only!

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of HS graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency please call: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names:

Home Address:

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work Number: Cell phone number:

Mother’s Work Number: Cell phone number:

**HEALTH INSURANCE**

Health Insurance Name: Health Insurance Phone Number:

Doctor’s Name & Phone Number:

Dentist’s Name & Phone Number:

**Please note all medical problems or allergies below:**

*As a participant in the Yeshiva University National Model United Nations Program, the following points are fully understood:*

*I. Adherence to the total program is required for each participant. Student will abide by all instructions given by staff and will participate in the Program to the best of his/her ability.*

*II. Participants are responsible for any damage that they may cause to the property of Yeshiva University or third parties.*

*III. Throughout the entire event, participants must adhere to the high standards of religious observance expected at a Yeshiva University event.*

Signature of Student (in INK):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE AND WAIVER of LIABILITY for YESHIVA UNIVERSITY**

1. I hereby grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to attend the Yeshiva University National Model United Nations, 2020 program (The “Program”).

1. **Acknowledgment and Acceptance of Risk.** I recognize that participation in this program is voluntary and that there are certain inherent risks that participants, and their parents on their behalf, voluntarily assume. I agree that neither Yeshiva University (YU), their Boards, directors, officers, agents, and employees (collectively, the “Institutions”) assume any responsibility for damages to or loss of my child’s property, illness or injury, or death while he/she participates in the Program. By voluntarily participating in the Program, he/she and I freely assume any risk associated with or arising out of the Program.
2. **Insurance.** I agree that it is my responsibility to ascertain whether I have adequate health and accident coverage for my son/daughter and to procure any other insurance coverage as I may deem necessary.
3. **Transportation**. I agree that it is my responsibility to arrange for my son’s transportation to and from the Program. I agree that the Institutions are not responsible for transportation, and I agree to indemnify and hold the Institutions harmless from any claims relating to the transportation of my child to or from the Program.
4. **Waiver, Release, Indemnification and Hold Harmless.** I understand and agree that there are unavoidable risks in participation in the Program. In consideration of the Institutions’ making the Program available to my child, I do hereby forever and absolutely on behalf of my child and myself, waive and release any claims against the Institutions relating to my child’s participation in the Program, including, but not limited to, claims for any injury, loss, damage or accident, delay or expense resulting from the use of any vehicle, any strikes, war, acts of terrorism, weather, sickness, quarantine, government restrictions or regulations. I also agree to defend, indemnify and hold harmless, the Institutions from and against any and all liability, claims, lawsuits, judgments, losses, damages, and expenses, including reasonable attorneys’ fees, arising out of any financial obligations or liabilities that my child may personally incur or any damage or injury to his person or property or the person or property of others that he/she may cause, while participating in the Program. This release, indemnification and hold harmless are also applicable to the transportation of my child to and from the Program.
5. **In the Event of an Emergency.** The program chaperones or health care professionals participating in the Program have authorization to order medical or surgical treatment deemed necessary for my child. In the event that I am not available for consultation, and in the event the Program chaperones or their designee determine that is advisable to seek medical attention for my child, I give permission to an authorized representative of YU to secure medical and/or surgical treatment for my child. I will hold the Institutions harmless from any liability, damages, costs, and expenses arising therefrom.
6. **Consent to Photograph.** In further consideration of the Program available to my child, I grant permission to the Institutions to take photographs, audio and/or videotapes or motion pictures (collectively “Photographs”) of my child, individually or with others at or in connection with the Program and to use and publish his/her name and Photographs for such purposes as the Institution may deem proper, including but not limited to publicity, promotional and educational purposes. In granting such permission without compensation or royalty, I hereby relinquish my right, title and interest in the Photographs.
7. **Severability.** I agree that, should any provision or aspect of this Agreement be found to be unenforceable, that all remaining provisions of the Agreement will remain in full force and effect.
8. **Governing Law.** I agree that if there is any dispute concerning my participating in the program or the interpretations of this Agreement, any such disagreement shall be determined in accordance with the laws of the States of New York.
9. **Entire Agreement and Modification.** The terms and conditions of this Waiver and Release of Liability represent my complete understanding of the parties hereto with regard to my child’s participation in the Program and supersedes any previous or contemporaneous understandings I may have had with the Institutions on this subject, whether written or oral, and cannot be changed or amended in any way without the written concurrence of both the Institutions and me.
10. **Assurances and Consent.** I HEREBY GRANT PERMISSION TO MY CHILD TO ATTEND THE PROGRAM. I HAVE READ ALL OF THE ABOVE INFORMATION AND CONSENT TO ALL OF THE FOREGOING PROVISIONS.

Signature of Parent/Guardian (in INK): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_