

Participant's name (please print): _____
Last First

UNIVERSITY OF CALIFORNIA, DAVIS

Name of Registered Student Organization (RSO): **University of California Davis Model United Nations**

Davis Model United Nations Conference XXIII

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Davis Model United Nations Conference XXIII which will take place on May 2nd and 3rd of 2026. On May 2nd committees will be in session from 7:30 AM to 7:30 PM and on May 3rd committees will be in session from 8:30 AM to 2:45 PM. All committees will be held in the Teaching and Learning Complex and Rock Hall. During these hours students will participate in debate, discussion, and resolution making.

Hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its Officers, employees, and agents, and UC Davis Model United Nations and its officers and members from liability

from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, and UC Davis Model United Nations and its officers and members, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California and UC Davis Model United Nations HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

DMUNC XXIII REGISTRATION FORM

Davis Model United Nations

- Please complete the Participant and Emergency Information on page 1 and Waiver on page 2. Email completed form along with other completed waivers to dmuncdelegateservices@gmail.com
- Participation will not be allowed without signed and completed form.

Participant Information

First name Middle Initial Last Name

Birthdate Grade Gender

Address

City State Zip Code

Household Information

Parent/Guardian #1 Parent/Guardian #2

Day Phone Evening Phone Day Phone Evening Phone

Additional Phone(s) (cell, pager, other) Additional Phone(s) (cell, pager, other)

Email Address Email Address

Medical Information

Please list all of the following to provide staff with your youth's medical needs. This information will be kept confidential.

Allergies (including food and medication allergies), whether youth carries epinephrine pen, dietary restrictions, all medications to be taken with dose and schedule, and any other medical issues (e.g. respiratory, diabetes, cardiac, neurological) and attach additional information as needed:

Emergency Contacts: In the event a parent/guardian cannot be reached, please list two additional contacts.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Alt. Ph: _____ Phone: _____ Alt. Ph: _____

Parent/Guardian Printed Name Signature Date

DMUNC XXIII Photo Consent for Minors

(Davis Model United Nations Conference XXIII May 2nd-3rd, 2026)

I do

I do not

grant permission to Davis Model United Nations and to those acting with its permission to take photographs and/or make video recordings of my child at the DMUNC XXIII on May 2nd and 3rd. This material may be retained and used by Davis Model United Nations only in Davis Model United Nations print and electronic publicity and on the Davis Model United Nations website. Such material will not identify my child by name, unless otherwise permitted by me.

I understand that I have no ownership interest in the photograph(s) or materials in which my child is included and that I will not receive payment of any kind for their use. I understand that my child's name will not be used. I release Davis Model United Nations and its assignees from any claims arising from the use of such photographs in the ways described above.

Printed Name of Child: _____

Printed Name of Parent/Guardian: _____

Signature of Parent or Guardian: _____

Date: _____