

Brown University Simulation of the United Nations

RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

MINOR PARTICIPANT:

School: _____

INSTITUTION:

Brown Model United Nations
Box 1930
Providence, RI 02912

DESCRIPTION OF ACTIVITY: Students will register at Brown University and participate in the Brown University Simulation of the United Nations (BUSUN) of the Brown Model United Nations (BMUN). The participant will attend committee sessions held at the Brown University Campus.

LOCATION: Brown University DATE: November 13th – 15th, 2009

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission to my child to participate in the above-referenced, **BUSUN**. I acknowledge that the risks inherent in 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 my child must abide by all regulations established by the Brown University Model United Nations ("BMUN") team and with all applicable laws and regulations, and understands that the Participant failure to do so may result in the Participant's dismissal from the BMUN Simulation, requiring Student's parent/guardian to make arrangements for, and to pay all of the costs relating to, the Participant's departure..

In consideration of Participant being permitted to participate in **BUSUN**, and recognizing that my child is not registered at the University nor paying any tuition or fee, I hereby accept all risk to Participant's health and of his/her injury that may result from such participation and I hereby release Brown MUN, BUSUN and Brown University, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person that may result from or occur during Participant's participation in **BUSUN** whether caused by negligence of Brown Model UN, BUSUN or Brown University, their governing boards, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Brown Model UN, BUSUN and Brown University and their governing board, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that my result from Participant's negligent or intentional act or omission while participating in **BUSUN**.

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 AND IT OBLIGATES ME TO INDEMNIFY THAT PARTIES NAMED FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Signature of Witness

Address (if different than Participant's)

Date Signed

Brown Model UN
Brown University
Box 1930 Providence, RI 02912
Phone: (401) 863-1144