

## **DUBAI SCHOLARS MODEL UNITED NATIONS (DSMUN) ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM FOR DELEGATES/VOLUNTEERS**

I the undersigned (and the co-signer of this document), in this document to be referred to as the individual/participant/delegate/responsible adult/parent hereby agree to the following:

- (1) To absolve, release and discharge Dubai Scholars Model United Nations (DSMUN), its Board of Trustees, Secretariat and staff jointly and severally from any and all actions, causes of actions, claims, liabilities, costs, obligations and demands, including without limitation legal fees and expenses for, upon or by reason of loss, damage, injury, or death, which hereafter may be sustained by participating in any activities connected with DSMUN, its Board of Trustees, Secretariat and staff. This involves especially compensation, in part or in whole, for losses, damages, injuries or death incurred at or in connection with DSMUN, its Board of Trustees, Secretariat and staff.
  - (2) That I as a Participant and/or responsible adult are expected and obliged to obey the laws of the United Arab Emirates while participating in DSMUN. Agree that as a Participant, I am personally responsible for all charges and damage to facilities of the conference and social events venues.
  - (3) Agrees and Accepts that DSMUN, its Board of Trustees, Secretariat and staff does not provide liability insurance for the protection of individuals or groups who participate in the conference.
  - (4) Agree that all offers, and information published by DSMUN, its Board of Trustees, Secretariat and staff, including but not limited to those on the website [www.dsmun2018.weebly.com](http://www.dsmun2018.weebly.com), might be subject to change without further notice. DSMUN, its Board of Trustees, Secretariat and staff reserves the right to terminate any contractual relationships resulting from or related to its offers and information at any given time. DSMUN, its Board of Trustees, Secretariat and staff cannot be held accountable for changed offers and information and excludes any claims possibly resulting from terminations of contractual relationships.
  - (5) DSMUN, its Board of Trustees, Secretariat and staff reserves the right to exclude specific individuals from its offered services. DSMUN, its Board of Trustees, Secretariat and staff excludes any legal actions on the side of the individual related to a possible exclusion.
  - (6) DSMUN, its Board of Trustees, Secretariat and staff reserves the right to use all data submitted by individuals via the website [www.dsmun2018.weebly.com](http://www.dsmun2018.weebly.com), sent to DSMUN, its Board of Trustees, Secretariat and staff by other ways, and collected during the conference and social events including video footage and photographs without limitations. DSMUN, its Board of Trustees, Secretariat and staff reserves the right to collect data during the conference and social events including but not limited to personal data, video footage, and photographs without further notice.
  - (7) I acknowledge that this Accident Waiver and Release of Liability Form will be used by DSMUN, its Board of Trustees, Secretariat and staff acting as event holders, sponsors, and organizers of the activity or event in which I may participate related to DSMUN, and that it will govern my actions and responsibilities at said activity or event related to DSMUN.
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## **Court of Jurisdiction and Validity of Terms**

(1) The jurisdiction for this Accident Waiver and Release of Liability form, as well as for all other legal issues resulting from and/or related to this form and contractual relationships with DSMUN, its Board of Trustees, Secretariat and staff, shall be governed by the United Arab Emirates.

(2) Even if any of the above terms should become ineffective and/or unenforceable, all remaining terms of this agreement remain legally binding and/or enforceable.

I HAVE READ THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM, AND I FULLY UNDERSTAND AND AGREE TO ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

NAME [IN BLOCK CAPITALS]:

DATE:

SIGNATURE:

## **FOR PARENTS OR RESPONSIBLE ADULTS CO-SIGNING FOR THOSE UNDER THE AGE OF 18 YEARS OLD:**

The undersigned Parent/Responsible Adult does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the Accident Waiver and Release of Liability form set forth above. The undersigned Parent/Responsible Adult further agrees to save and hold harmless and indemnify each and all of the parties referred to above (DSMUN, its Board of Trustees, Secretariat and staff) from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

I AS THE PARENT/RESPONSIBLE ADULT HAVE READ THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM, AND I FULLY UNDERSTAND AND AGREE ON BEHALF OF MYSELF AND MY CHILD/WARD TO ITS TERMS, AND UNDERSTAND THAT I, IN THE CAPACITY AS THE PARENT/RESPONSIBLE ADULT HAVE GIVEN UP LEGAL RIGHTS FOR MYSELF AND MY CHILD/WARD BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

NAME [IN BLOCK CAPITALS]:

PARENT / GAURDIAN:

DATE:

SIGNATURE: