



WSOMUN 2018

Delegate Liability Release Form

This form must be signed by each delegate and his/her legal guardian (if under 18) before he or she is allowed to participate in WSOMUN 2018. It should be turned in through email to secgen.wsomun2018@gmail.com upon payment. Failure of a delegate to complete this form will result in the loss of privilege to participate at the WSOMUN 2018 and all other related activities.

I, _____, (Student's Full Legal Name), born on _____ (Date of Birth) from _____, (Name of School or Organization) will be attending the Model United Nations at the GEMS Wellington Academy - Silicon Oasis held from Thursday, March 22, 2018 to Sunday, March 24, 2018, and hereby discharge, release, and waive any liability, cause of action, or claim against the Model United Nations at GEMS Wellington Academy staff, agents, and others associated with the services provided at said conference from any responsibility for providing medical care in case of injury or illness and against any claims of liability, loss of life, bodily harm, disappearance, theft, damage or cost which may arise out of traveling to, participating in, and/or returning from the said conference, but excluding any liability for injury or damage caused solely by the wilful or grossly negligent acts of said conference, its staff, agents, and others associated with the services provided at said conference.

I understand that I am to be held responsible for any willful or negligent damage deemed or admitted to be the result of my actions to the GEMS Wellington Academy - DSO, the venues and premises of the social events, including, but not limited to, the delegate dance and committee sessions, and that I may also be held responsible for the replacement and/or compensation for any damages.

I acknowledge that I have read the above information, agreed to its terms, and have signed below indicating my discharge, release, and waiver of the WSO Model United Nations Conference hosted by the GEMS Wellington Academy - Silicon Oasis of any and all liability.

Delegate Name: _____

Date of Birth: _____

Delegate Signature: _____

Date: _____

Legal Guardian Name (if delegate is under 18): _____

Legal Guardian Signature (if delegate is under 18): _____

Date: _____



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Photo Release Form

I hereby grant the WSO Model United Nations at GEMS Wellington Academy - Silicon Oasis (hereby WSOMUN) permission to use my likeness in a photograph, video recording, and sound recording in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of WSOMUN and will not be returned. I hereby irrevocably authorize WSOMUN to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing WSOMUN or for any other lawful, conference related purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I also waive the right to royalties or any other compensation arising or related to the use of the photograph, sound, or video recording. I hereby hold harmless and release and forever discharge WSOMUN from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Delegate Name: _____

Date of Birth: _____

Delegate Signature: _____

Date: _____

Legal Guardian Name (if delegate is under 18): _____

Legal Guardian Signature (if delegate is under 18): _____

Date: _____