

## MUNUM XXXV Parental Consent

As the parent or guardian of \_\_\_\_\_, I hereby acknowledge and consent to my child's participation in MUNUM XXXV (January 13-16, 2019). This event involves activities in and around the Michigan League, Rackham Graduate School, Palmer Commons, and the Kensington Court Hotel in Ann Arbor.

I also acknowledge that I am not aware of any physical or medical condition that would interfere with my child's ability to participate. If my child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give MUNUM permission to seek medical attention for the child.

I am aware that participation in the MUNUM XXXV conference event is potentially hazardous and entails a risk of physical injury. I understand and agree I am permitting my child to participate at my own risk.

In consideration of my child being permitted to participate in the activity, I hereby release and discharge the University of Michigan and all of their employees, volunteers, officers, and agents, and Model United Nations at the University of Michigan and all of their staff volunteers, officers, and agents, from any and all claims for personal injury, death, or property damage arising from or in any way connected with my child's participation in the activity, exempt where the same is caused by the willful misconduct or gross negligence of the releases.

By signing my full name on this waiver, I affirm that I have read and understand it and agree with its contents.

\_\_\_\_\_  
Parent/Guardian Date \_\_\_\_\_ Signature of

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Delegate Name

\_\_\_\_\_  
School Name

### MUNUM XXXV EMERGENCY CONTACT INFORMATION

Please indicate how best to contact you in case of an emergency.

**Parent/Guardian 1:**

\_\_\_\_\_  
Relationship to Delegate \_\_\_\_\_ Name

\_\_\_\_\_  
Number Home Phone Number Office Phone Number \_\_\_\_\_ Cell Phone

**Parent/Guardian 2:**

\_\_\_\_\_  
Relationship to Delegate \_\_\_\_\_ Name

\_\_\_\_\_  
Number Home Phone Number Office Phone Number \_\_\_\_\_ Cell Phone

**Delegate's Physician**

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Office Phone Number