

University of New Haven Charger MUN Conference

Assumption of Risk, Waiver, and Consent for Emergency Treatment

I, _____, desire to participate in the University of New Haven's ChargerMUN conference (the "Program"). This Assumption of Risk, Waiver, and Consent for Emergency Treatment covers the entirety of my participation in the Program, including, if applicable, travel to locations off of the University of New Haven campus in order to participate in the activities associated with the Program. In signing below, I acknowledge that I have read and understand the information contained in the Program Description, attached hereto as Schedule, which includes a description of the Program activities, location of such activities, applicable transportation, and potential for risk and/or injury associated with Program activities and my participation in the Program. Specifically, in signing below, I acknowledge and agree to the following:

1. **Risk Factors** – I understand and acknowledge that the participation in the Program involves risks, including, but not limited to, the following: risk of property damage, bodily injury, including, but not limited to, permanent disability, paralysis, and possibly death. These risks may result from a variety of circumstances, including, but not limited to, the use or misuse of the equipment or facilities, from the activity itself, from the acts of myself or others, including University of New Haven and its agents, or from the unavailability of emergency medical care. In signing below, I affirmatively represent that I am able to participate safely in the activities of the Program with or without reasonable accommodations.
2. **Assumption of Risk** – I am participating in the Program of my own free will. I understand that my decision to participate in the Program is entirely voluntary. I assume full responsibility for all risks that may arise out of, or result from, my participation in the Program, including, but not limited to, those risks described in Section 1, above, and those described in the Program Description and inherent in Program activities.
3. **Release, Indemnify, and Defend** – I hereby release, waive, discharge, and hold harmless the University of New Haven, and all of its affiliates, predecessors, successors, trustees, officers, directors, faculty, employees, agents, and representatives, past or present (the "Released Parties") from any and all claims, suits, liabilities, judgments, costs and expenses, including legal fees ("Claims"), for any property damage, property loss or theft, personal injury or illness, death or other loss arising from or relating to my participation in the Program unless caused by the gross negligence or willful misconduct of any Released Party. I also agree to defend, indemnify and hold harmless the Released Parties from and against any Claims arising from or relating to my own acts or omissions in connection with my participation in the Program.
4. **Waiver** – I hereby waive any protections afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that I am releasing unknown future claims.
5. **Payment for Damages** – I agree to pay for any and all damages to any property or Released Party caused by me negligently, willfully, or otherwise.
6. **Representatives** – I enter into this Assumption of Risk, Waiver, and Consent for Emergency Treatment for myself, as well as for my heirs, assigns and legal representatives.
7. **Consent for Emergency Treatment** – I consent to medical treatment for emergencies that occur during, or are related to my participation in, the Program where I am unable to consent to such treatment. I understand the provisions of this Assumption of Risk, Waiver, and Consent for Emergency Treatment apply to any treatment that might be provided to me under this Section.
Consent for photographic/video use – I consent to allow the University to publish or have published on its behalf for public relations purposes: photos, videos, and other likenesses of myself, my voice, and/or my

name, hometown, major, honors, sports, and other activities (whether in print or electronically, including but not limited to use in social media, on websites, and by any other means now known or hereafter developed), at any time during or after the Program. I may rescind this publicity authorization (or any part of it) by notifying the University's Office of Marketing & Communications in writing at any time. Upon receipt of such notice, the University will promptly cease all future publicity uses of the rescinded subject matter but shall not be required to remove any such subject matter from any previously published materials.

- 8 **Insurance** – I understand that I may be solely responsible for any medical, health, or personal injury costs relating to my participation in the Program.
- 9 **Jurisdiction** – This Assumption of Risk, Waiver, and Consent for Emergency Treatment shall be governed by, and construed and enforced in accordance with, the laws of the State of Connecticut without regard to its conflicts of laws principles. The parties agree that any disputes between the parties related to this Assumption of Risk, Waiver, and Consent for Emergency Treatment shall be brought exclusively in the courts located in New Haven, Connecticut and waive any defense that such courts are an inconvenient forum.
- 10 **Severability** – If any term or provision of this Assumption of Risk, Waiver, and Consent for Emergency Treatment is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable under present or future laws, then and in any such event, it is the express intention of the parties that the remainder of this Assumption of Risk, Waiver, and Consent for Emergency Treatment, or the application of such term, clause, or provision other than to those as to which it is held illegal, invalid, or unenforceable, shall not be affected thereby, and each term, clause, or provision of this Assumption of Risk, Waiver, and Consent for Emergency Treatment and the application thereof shall be legal, valid, and enforceable to the fullest extent permitted by law.
- 11 **Survival.** The terms of this Assumption of Risk, Waiver, and Consent for Emergency Treatment shall survive the completion of the Program.

I have read and fully understand this Assumption of Risk, Waiver, and Consent for Emergency Treatment, including the attached Program Description, and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

PRINTED NAME: _____ SIGNATURE: _____ Date: _____

Consent and Release on Behalf of Minor by Parent/Legal Guardian

I am the parent or legal guardian of the above named minor who is under the age of 18. I have read and understand this Assumption of Risk, Waiver, and Consent for Emergency Treatment, including the attached Program Description, and understand that it relates to surrendering valuable legal rights of the above-named minor and myself. In signing below, I agree to be bound by all the terms of the Assumption of Risk, Waiver, and Consent for Emergency Treatment. I also give my consent for the above-named minor to participate in the Program.

PRINTED NAME: _____ SIGNATURE: _____ Date: _____

SCHEDULE

9:00 - 9:30	Registration (Bucknall Foyer, Dodds Hall)
9:40 - 10:00	Opening Ceremonies (Bucknall Theatre, Dodds Hall)
3:40 - 4:00	Closing Ceremonies (Bucknall Theatre, Dodds Hall)

PROGRAM DESCRIPTION

The ChargerMUN conference is a one-day event held on the University of New Haven campus located at 300 Boston Post Road in West Haven, CT. The conference will include an opening and closing ceremony, two committees, lunch provided by the UNH Marketplace, and awards for position papers, outstanding delegates, and outstanding school delegations.

Transportation is not included.

The conference will be held on October 25, 2026.

Potential for risk and/or injury associated with Program activities and participation in the Program:

Visiting campus carries some risk, and the potential for risk and/or injury includes, but is not limited to, standard issues such as slips, trips, and falls.