



11-14 OCTOBER
IBA CITY CAMPUS

By signing this liability release form, each participant agrees to abide by the rules of ROTMUN and the conference venue. These rules are established for the participants' safety, as well as for that of the institution and its other guests. Rules will be strictly enforced by the venue security team, the ROTMUN security team, and all other ROTMUN staff.

Please ensure that this form is signed and submitted on the first day of the Conference.

Delegates without a completed release form on file will not be permitted to participate in any conference activities.

I, the undersigned participant from _____ (name of school or organization) willingly accept that ROTMUN is in no way liable for any human or material harm caused during the event/on the way to and from the conference premises. In case of any misconduct or unfortunate situation, the IBA & ROTMUN team, their directors, officers, employees, staff, volunteers, and any agents will not be held responsible.

I agree to abide by the rules of the conference at all times and will not break any other pertinent laws or regulations in force at the venue, i.e. IBA City Campus. I declare that I will adhere to any additional rules promulgated by ROTMUN before and during the conference, including but not limited to those published in the conference handbook, and those announced to faculty advisors. I give my consent to be photographed, videotaped, and/or interviewed by ROTMUN and for said photographs, videos, and interviews to be used by ROTMUN in any manner of their choosing.

I take full personal responsibility for all charges and expenses required for the conference and understand that refunds shall not be granted for delays caused by travel, illness, or weather changes, unless provided by ROTMUN as per their own reasons. I accept that this agreement is enforceable to the fullest extent of the law, and breach of contract will lead to an immediate disqualification from the conference and appropriate legal action.

Participant Name: _____

Participant Signature: _____

Date: _____

Parent/Guardian Name if Participant is underage: _____

Parent/Guardian Signature: _____

Date: _____