

George Washington Model United Nations 2027 Beijing International Summit
July 1–11, 2027 Beijing, China
Participant's Parent Informed Consent and Liability Waiver

Summit Name: George Washington Model United Nations 2027 Beijing International Summit

Event Dates: July 1, 2027 — July 11, 2027

Venue: Beijing Conference Center (final location subject to official summit announcements)

I (Guardian) am the participant's ☐ Father ☐ Mother ☐ Other Legal Guardian: _____

Name: _____ Gender: _____ ID Number: _____ Emergency Contact Phone: _____

Participant Name: _____ Gender: _____ Date of Birth: / / _____ Age: _____ years old

I have fully read the complete Participant Handbook for this Model UN Summit. I understand that this event is a practical social activity for youth quality-oriented education, and I voluntarily consent to my child's participation in this Model UN Summit. I hereby make the following informed commitments:

1. Health Statement

I confirm that my child is in good health and free from heart disease, asthma, severe allergies, epilepsy, mental illnesses, or any other chronic conditions unsuitable for in-person group activities. Any allergies or special medical histories have been truthfully and completely submitted in the summit registration form. If medical history is concealed, I, the guardian, shall bear all consequences arising therefrom during the event. In the event of sudden illness during the activity, I authorize on-site adult chaperones/staff to administer emergency response and arrange hospital treatment when necessary. All associated medical expenses shall be borne by the guardian.

2. Guardianship Delegation

As I am unable to accompany my child for the full duration of the event, I voluntarily entrust temporary guardianship and emergency response authority for the event period (excluding travel to and from the venue, from check-in to event dismissal) to the designated adult team chaperone: _____ (fill in chaperone's full name; chaperone must be at least 18 years of age). The chaperone is only responsible for on-site safety supervision and emergency communications, and shall not assume the full responsibilities of a legal guardian. I acknowledge that group supervision by chaperones cannot provide one-on-one personal care.

3. Risk Acknowledgement

I understand that in-person group activities contain inherent risks that cannot be entirely eliminated, including but not limited to: bumps and falls, sports injuries, traffic incidents, colds, food allergies, loss of personal belongings, minor disputes among students, etc. I have instructed my child to abide by summit rules and follow instructions from chaperones and venue staff; no running, roughhousing or leaving the group without permission. The guardian shall be liable for personal injury or property damage caused by the child's rule violations or unapproved separation from the group.



4. Liability Agreement

During the event, injuries caused by gross negligence or intentional misconduct of the summit organizer or chaperones shall be compensated in accordance with national laws. Except for the above circumstances, the guardian voluntarily assumes all losses for accidental risks occurring during the event and waives additional claims against the host, organizing committee and event operator.

5. Additional Commitments

- ① I warrant all submitted information is true and valid, and the emergency contact number provided will remain available 24 hours a day.
- ② I guarantee my child will comply with the summit check-in and departure times. For this overnight conference, I acknowledge the accommodation arrangement and consent to night roll-call management by chaperones.
- ③ I understand venue rules: chaperones may not enter the committee rooms to speak on behalf of delegates or interfere with sessions; chaperones may only provide off-site support.
- ④ This waiver is made in duplicate. The organizing committee and the guardian shall each retain one copy, effective upon signature.

Guardian (Handwritten Signature): _____ Date: _____

Participant (Student, acknowledge after reading, signature optional): _____

☐ Check here: Parent will attend and accompany the participant in person. No chaperone delegation required; I will provide full guardianship of my child throughout the event.



Organizing Committee of the 1st George Washington Model United Nations 2027 Beijing International Summit Date: September 22, 2026

Appendix 1: Student Health Information Form

Delegate Name:	Allergies: ☐ None ☐ Yes, if yes please specify:
Chronic Conditions / Long-term Medication: ☐ None ☐ Yes If yes please specify: Regular Medications:	Emergency Contact: Name, Relationship, Phone Number



乔治·华盛顿模拟联合国 2027 北京国际峰会

2027.07.01-07.11 中国·北京

参会代表家长知情及免责声明书

大会名称：乔治·华盛顿模拟联合国 2027 北京国际峰会

活动时间：2027 年 07 月 01 日 — 2027 年 07 月 11 日

活动地点：北京市会议中心（具体地点以峰会发布的通告为准）

本人（监护人）系参会代表 ☐ 父亲 ☐ 母亲 ☐ 其他法定监护人：_____

姓名：_____ 性别：_____ 身份证号：_____

联系电话（紧急联系人）：_____

参会代表姓名：_____，性别：____，出生日期：____年__月__日，年龄：__岁

本人已仔细阅读本次模拟联合国大会峰会全部《参会手册》内容，充分知晓本次活动属于青少年素质教育社会实践活动，并自愿同意子女参加本次模联大会峰会，现作出如下知情承诺：

- 健康情况声明** 本人确认：孩子身体健康，无心脏病、哮喘、严重过敏、癫痫、精神类疾病、其他不适合参加线下集体活动的慢性疾病；如有过敏、特殊病史，已在大会报名表完整如实填报。如隐瞒病史，活动中由此引发的一切后果由监护人自行承担。活动期间如孩子突发疾病，授权现场成年领队 / 工作人员采取应急处置，必要时送医救治，相关医疗费用由监护人承担。
- 监护委托** 因本人无法全程亲自陪同参会，自愿将活动期间（往返路途除外，活动报到起至活动结束后离场为止）临时监护、应急处置权利，委托给本次团队指定成年领队：_____（此处填写领队姓名，领队已年满 18 周岁）。领队仅负责活动现场安全照看、紧急情况联络，不承担法定监护人全部责任。本人知晓领队为集体看护，无法做到一对一贴身看管。
- 风险知情** 本人清楚：线下集体活动存在不可完全规避的风险，包括但不限于：磕碰摔倒、运动受伤、交通意外、感冒、食物过敏、财物遗失、同学间小摩擦等。本人已教育孩子遵守大会纪律、听从领队与会场工作人员安排，不追逐打闹、不擅自脱离队伍。若因孩子自身违规、擅自脱离队伍造成人身、财产损害，由监护人承担相应责任。
- 责任约定** 活动期间，如因大会主办方、带队领队重大管理失职、故意行为造成伤害，按国家法律承担相应赔偿责任；除前述情形外，活动中发生的意外风险，监护人自愿自行承担相关损失，不向主办方、组委会、带队机构提出额外索赔。
- 其他承诺** ① 本人保证所填写全部信息真实有效，预留紧急电话保持 24 小时畅通；② 承诺孩子会遵守大会报到、离场时间；对于过夜的大型会议，本人知晓住宿安排，同意领队执行夜间查寝管理；③ 知晓会场规则：领队不能进入会场代替代表发言、干预会议，仅可在场外提供支持；④ 本责任书一式两份，组委会、监护人各留存一份，签字生效。

监护人（手写签名）：_____ 签署日期：____年__月__日

参会代表（学生，简单阅读确认，可签名）：_____

☐ 勾选：家长亲自到场陪同参会，无需委托领队，本人全程自行监护子女。

第一届乔治·华盛顿模拟联合国 2027 北京国际峰会组委会

日期：2026 年 9 月 22 日



附件一：学生健康信息采集表

代表姓名：	过敏史： ☐ 无 ☐ 有，如有请列明：
长期疾病 / 用药： ☐ 无 ☐ 有 如有请列明： _____ 常用药物： _____ _____	紧急联系人姓名、关系、联系电话： _____