

OSCCCCOrganization for Security and Co-operation in Europe Mission in Kosovo

WAIVER OF LIABILITY FOR MINOR'S PARTICIPATION IN AN EVENT

Participant's Name: _		
Event:		
Event Date/Time:		

THIS WAIVER OF LIABILITY releases the Organization for Security and Cooperation in Europe's Mission in Kosovo (OSCE) from responsibility, liability, and financial obligation relating to the participation of the above named minor during, before, and following the above listed event, or any related sanctioned or unsanctioned events, transportation relating to the event, or other activities. I understand that participation is voluntary and that while every attempt will be made to ensure the safety of event participants, the OSCE is not responsible for any injury or illness which may occur.

LIABILITY, LOSS, OR DAMAGE: This Waiver releases the OSCE from all actions, claims, demands, or damages associated with participation in, or resulting from, any known or unknown injury, loss, or damage, sustained as a result of participation in this event, or any unsanctioned activity during the event dates listed.

OBLIGATIONS OF APPROPRIATE BEHAVIOR: I understand that the OSCE maintains the right to dismiss anyone for causing a disturbance and I agree to cover all necessary costs associated with transporting a dismissed participant home. I recognize that the OSCE will not act in a chaperone's capacity, nor will the OSCE provide personnel to act in a chaperone's capacity during event activities.

PROMOTIONAL RELEASE: I grant permission for use of participant's name and photos taken during the event in promotional materials, publications, or on the OSCE website or social media.

MEDICAL EMERGENCIES: I understand the risks associated with participation in, and transport to, event activities, and permit emergency medical treatment in the event of injury or illness. I authorize representatives from the supported event or the OSCE to seek medical treatment for my child during the event dates listed, and assume all responsibility for expenses incurred, or which may occur, as a result of medical emergencies relating to participation in the event.

I understand and agree that the OSCE will not be held responsible for any misinterpretation, error or misunderstanding in the translation of this Liability Form.

Parent Name:	
Emergency Contact Number:	
Parent Signature:	
Date:	