



**Discovery
Days**
in Health Sciences



The Canadian
Medical Hall of Fame
*Le Temple de la renommée
médicale canadienne*



**Journées
Découverte**
en sciences de la santé

Memorial University of Newfoundland
Monday, May 11, 2015

STUDENT CONSENT AND MEDIA RELEASE FORM

PLEASE PRINT

You are invited to join us as we explore careers in medicine and other sciences. There is no registration fee. Transportation to and from the university is your responsibility (this includes any parking fees). Lunch will be provided. If you have any food allergies or dietary restrictions, please bring your own lunch.

Please complete this form and return to the Discovery Day contact teacher for your school. He/she will instruct you how to register online and choose your workshops. Space is limited and workshops are given on a first-come, first-served basis. Online registration will close on May 1 or when all workshop spaces have been allocated, whichever occurs first.

NAME	SCHOOL
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INFORMED CONSENT AND WAIVER OF LIABILITY

I, the undersigned, agree that the university, The Canadian Medical Hall of Fame (CMHF) and participating sites shall not be liable for any injury to the applicant or loss or damage of personal property, arising from or in any way resulting from his/her participation in the above program, UNLESS such injury, loss or damage is caused by willful neglect or negligent actions of the above parties for which it is in law responsible.

It is possible that participants may be photographed, interviewed, quoted and/or videotaped by the media, the CMHF and/or its sponsors for promotional purposes. By signing below, I hereby give permission for this material to be printed, published, posted on websites, and/or broadcast in the public forum. I further acknowledge that it is the responsibility of each participant to avoid such attention at the event where consent has not been extended.

By signing below, I declare:

☐ that I have read this Informed Consent and Waiver of Liability and that I am aware of my child's workshop choices and consent to his/her participation in the above program.

OR

☐ I am over 18 years of age and have read this Informed Consent and Waiver of Liability.

Parent/guardian signature or student signature if over 18 yrs of age	
Name and phone number of emergency contact person	

*Contact teacher: Please fax all forms to The Canadian Medical Hall of Fame @ 519-488-2999
or scan and email to jmcnorgan@cdnmedhall.org before May 1, 2015*

Thank you!