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Dalhousie University
Tuesday, November 10th, 2026

PARTICIPANT CONSENT 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, including parking fees.

Name	School

****PLEASE NOTE: Lunch will be provided, however those with special diets or food allergies are asked to bring their own. All participants are encouraged to bring a refillable water bottle.**

----------INFORMED CONSENT AND WAIVER OF LIABILITY----------

I, the undersigned, hereby release and forever discharge the Dalhousie University, the Canadian Medical Hall of Fame (CMHF), participating sites and their officers, employees and agents from and against all claims, actions, costs, damages and expenses with respect to any injury to the participant or the loss of or damage to personal property arising from, or in any way resulting from, his/her participation in the above program, except to the extent that such injury, loss or damage is attributable to the willful misconduct or gross negligence of the particular party being sued.

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*, 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*.

I also understand that participants with allergies or restricted diets are required to bring their own lunch.

Parent/Guardian signature OR Participant signature, if over 18 years of age	
Name and phone number of emergency contact	