

**McGill University**  
Tuesday, November 25, 2025

## **PARTICIPANT CONSENT FORM**

**Please complete this form and upload it during the online registration process.** See your contact teacher for instructions on how to register. Registration is online from Monday, October 27 at noon to Monday, November 17 or when all workshop spaces have been allotted, whichever occurs first. Space is limited and workshops are given on a first-come first-served basis.

There is no registration fee for those attending Discovery Day.

All participants are asked to bring a refillable water bottle.

Transportation to and from the event hub is your responsibility, including parking fees.

**Lunch will NOT be provided; students are asked to bring their own lunch.**

### **-----INFORMED CONSENT AND WAIVER OF LIABILITY-----**

I, the undersigned, hereby release and forever discharge McGill University, The Neuro, 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 document and the *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 document and the *Informed Consent and Waiver of Liability*.

Student Name	School
Parent /Guardian Name and Signature	Emergency contact phone number