

University of Ottawa (event anglophone)
Friday May 10, 2024

PARTICIPANT CONSENT FORM

You are invited to join us as we explore careers in medicine and other health sciences. **Please read carefully, complete, sign and upload during your registration** (accepted formats: jpg. or pdf.). Online registration will open **Friday, March 29th**, at noon and close on **Friday, April 19th** 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 to participate in this event, however, it is expected that you complete a short survey and submit it at the end of the event day. This survey will be available online and in paper.
- Transportation to and from the university and parking fees are your responsibility.
- Lunch will be provided. **If you have a food allergy or dietary restriction, please bring your own lunch.**
- All participants are encouraged to bring a refillable water bottle.
- In some workshops, the use of masks may be mandatory.

Name	School
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-----**INFORMED CONSENT AND WAIVER OF LIABILITY**-----

I, the undersigned, hereby release and forever discharge Ottawa 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/their 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 carefully read this Participant Consent Form and its Informed Consent and Waiver of Liability, that I am aware of my child's workshop choices and consent to his/her/their participation in the above program. I also understand that participants with allergies or restricted diets are required to bring their own lunch.

OR

I am over 18 years of age and have carefully read this Participant Consent Form and its Informed Consent and Waiver of Liability. I also understand that participants with allergies or restricted diets are required to bring their own lunch.

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