PARTICIPANT CONSENT FORM
PLEASE PRINT

You are invited to join us as we explore careers in health sciences and sciences. There is no registration fee. Transportation to and from the university is your responsibility (this includes any parking fees).

Please complete this form and return to the teacher/counsellor responsible for organizing this trip. You will then be instructed on how to register online and choose your workshops. Space is limited and workshops are given on a first-come first-served basis until all workshops have reached capacity.

<table>
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<tr>
<th>STUDENT NAME</th>
<th>SCHOOL</th>
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**PLEASE NOTE: Lunch will be served; however, we cannot accommodate all diets and allergies. If you have allergies or a restricted diet, we highly recommend you bring your own lunch, and encourage all participants to BRING A REFILLABLE WATER BOTTLE.**

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

I, the undersigned, hereby release and forever discharge McMaster University, the Canadian Medical Hall of Fame (CMHF), Hamilton Health Sciences Corporation (HHS), St. Joseph's Healthcare Hamilton (SJHH), 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 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.

| Parent/Guardian Signature or Participant Signature, if over 18 years of age |
| Name of Emergency Contact |
| Phone Number of Emergency Contact |

A signed consent form is required from each student in order to complete the registration process:

Please turn all forms to Nani Moleko at the Canadian Medical Hall of Fame via e-mail: nmoleko@cdnmedhall.org

DEADLINE FOR FORMS: THURSDAY, MAY 15TH