



**CONSENT FOR PARTICIPATION
AUTHORIZATION, RELEASE, WAIVER OF LIABILITY**

For and in consideration of the Augusta University (“AU”) allowing me, _____ (print name) or my child, _____ (print name of child) to participate in the Igniting the Dream of Medicine Conference, I give consent to be videotaped, photographed, and/or recorded by a person approved by Augusta University. I hereby authorize AU and The Board of Regents of the University System of Georgia, its members, officers, and employees to display, publish, reproduce, distribute, transmit or otherwise publicly use my name, image, voice, or contributions in connection with the Igniting the Dream of Medicine Conference for the above stated purposes at AU’s sole discretion. I assign to AU any property rights, title, and interest that I might have in any course contributions or in the videotape, photograph, or recording. I agree that I will not receive any compensation or claim ownership for my participation in the videotape, photograph, or recording.

Additionally, I hereby release AU and the Board of Regents of the University System of Georgia, its members, officers, and employees, from liability for any and all claims or causes of action of whatever kind or nature, whether known or unknown, foreseeable or unforeseeable, including but not limited to claims of defamation, invasion of privacy, and copyright infringement, arising out of my child’s participation in this activity. Knowing the hazards, exposures and potential risks associated with this Activity, I hereby assume or assume on behalf of my child, any and all risks, release and hold harmless AU and the Board of Regents of the University System of Georgia, its members, officers, and employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury associate with the Igniting the Dream of Medicine Conference. I agree and understand that AU and the Board of Regents of the University System of Georgia, its members, officers, and employees, shall not be responsible for any personal or bodily injuries or damages arising out of or in connection with my participation in the Igniting the Dream of Medicine Conference.

If 18 or Older: In case of emergency, I _____ (print full name), I authorize AU/BOR to secure necessary emergency medical treatment in the event I become ill or is injured while participating in the Igniting the Dream of Medicine Conference but understand that I am solely responsible for any costs associated with such treatment. My emergency contact is _____ (print full name). This individual can be reached at _____ (telephone number).

If Minor Child:
In case of emergency, I _____ (print full name of parent/adult legally responsible for the child) can be reached at _____ (telephone number). I authorize AU/BOR to secure necessary emergency medical treatment in the event my child becomes ill or is injured while participating in the Igniting the Dream of Medicine Conference but understand that I am solely responsible for any costs associated with such treatment.

Signature of Participant _____ (Date) _____
(Must be 18 to sign)

Igniting the Dream of Medicine Participation Consent & Release Waiver (2020)

Parental Signature for Minor Child. If participant is under 18 years old, this form must be signed by a parent/adult legally responsible for child).

I, _____, (*print name of parent/adult legally responsible for the below named child*) fully understand, agree and consent to my child's, _____ (*please print child's name*) participation in the Igniting the Dream of Medicine Conference at Augusta University.

Signature of the Adult Legally Responsible for This Child

Date