

BCPH Public Health Summer Institute 2023 Waiver Form (Student and Parent/Guardian)

Name of Student _____

Address of Student _____

Parent/Guardian Name _____

Address of Parent (if different from student) _____

Parent/Guardian Phone (cell)

Parent/Guardian Phone (home)

Workshop Session(s) to attend: _____

Please read carefully and be aware that, in signing and participating in the above program, both student and parent will be waiving and releasing all claims for injuries arising out of this program.

We, (student) _____ and (parent/guardian) _____ do hereby fully release and discharge The Boston Congress of Public Health and its associated partners during The Public Health Summer Institute and Pre-Medical Academy, hereinafter jointly called Releases, from any and all claims from injuries, damages, or loss which may occur on account of the student and/or guardian's participation in the Public Health Summer Institute and Pre-Medical Academy sponsored activities. We further agree to indemnify and hold harmless Releases from any claims resulting from injuries, damages, or losses sustained by student or guardian arising out of, connected with, or in any way associated with the Public Health Institute and Pre-Medical Academy activities.

We further understand that all educational content presented at the Public Health Summer Institute and Pre-Medical Academy are aligned with the professional standards of academic and trends within public health, medicine, and social justice. Courses within the institute and pre-medical academy are for educational purposes only and do not replace independent professional judgment. Any statement of facts or opinions expressed by presenters are those of the presenters individually and are not the opinion or position of The Boston Congress of Public Health. Therefore, we understand that The Boston Congress of Public Health does not endorse

or approve, and assumes no responsibility for the content, accuracy, or completeness of the information provided.

We also understand that in an event of any medical emergency, the student will be brought to the closest health facility for treatment.

We understand and agree that there will be no refunds made for absences or withdrawal from the registered session for the Public Health Institute or Pre-Medical Academy at least one month before their scheduled date. More information is included in registration and cancellation policies regarding refunds.

Date: _____

Student Signature: _____

Parent/Guardian Signature: _____