

Student National Medical Association



EINSTEIN

Albert Einstein  
College of Medicine  
OF YESHIVA UNIVERSITY

Albert Einstein College of Medicine Chapter  
in collaboration with  
Minority Association of Pre-medical Students & AHEC



**RE: SNMA Region IX**

**Conference November 20, 2016**

I \_\_\_\_\_ consent to have my child(ren) attend the SNMA Region IX  
**Please Print Name**

**Regional Conference** at Albert Einstein College of Medicine in Bronx, NY on Sunday, November 20, 2016. I understand that all due care will be taken to prevent accidents or injuries; so, in the unlikely event of an injury to my child(ren), I will not hold Student National Medical Association and its representatives liable for any medical or other claims, during the **REGIONAL CONFERENCE**. I also agree that this is a Student National Medical Association sponsored activity that requires professional attire and proper behavior. In the event my child(ren) adopts a behavior problem or conforms to other unacceptable standards, his/her participation will be terminated immediately, and he/she will not be permitted to participate in future activities until a meeting has been scheduled.

In addition, I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

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There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

**In case of emergency, please contact:**

\_\_\_\_\_

Name

\_\_\_\_\_

Phone #

\_\_\_\_\_

Name

\_\_\_\_\_

Phone #

Please print:

**NAME OF CHILD(REN):**

**AGE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONDITIONS, ALLERGIES, DAILY MEDICATIONS TAKEN BY MY CHILD(REN):**

\_\_\_\_\_

\_\_\_\_\_

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Please sign and return to the registration desk staff on the day of the conference **Sunday, November 20, 2016.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***\*Your child(ren) will not be able to attend without a signed permission slip\****