CONSENT FORM

I, _____________________________ understand that there are risks inherent in such activity and I have been apprised of such risks and agree to assume all said risks and responsibility for my health, safety, and property while participating in this program. I release Weill Medical College of Cornell University, its officers, agents, and employees from any and all liability, damage or claim of any nature whatsoever arising out of, or in any related to my participation in this program, including but not limited to the medical authorization given to Weill Medical College of Cornell University, acts of God, acts or omissions of any third parties (including but not limited to common carriers, hotels, restaurants, or other firms or agencies), except such as may directly result from the negligence of Weill Medical College of Cornell University, its offices, agents, or employees. Indemnify and hold Weill Medical College of Cornell University harmless from any damage or liability incurred by Weill Medical College of Cornell University as a result of any illness I may suffer, including the cost of any medical care, or any injury or damage to the person or property of others which I may cause, or from any financial liability or obligation which I may personally incur, while participating in the program.

_________________________________    ________________________
Signature           Date