

**Appendix A
Workshop Participation Form**



ANATOMY PROGRAM WAIVER

I, the undersigned, agree to participate in the event (mentioned below) sponsored by the Division of Clinical and Functional Anatomy, University of Ottawa, hosted by the Department of Biomedical and Molecular Sciences, Queen's University. I agree to waive any claim I may have against the previously mentioned organizations and their director, specimen suppliers, agents, consultants, employees and each of them for any injury, disease (VID, AIDS, etc.), or other damage which may result in any way from participation in the program. Further, I understand and expressly assume any risk associated with my attendance and participation in this anatomy workshop that will involve exposure to and possible contact with cadaveric specimens, for which no medical history is available, and medical equipment, such as power equipment, instruments (scalpels...), etc.

Name of Event: Anatomy Workshop	Date:
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Name (Print Clearly):

Address:

Telephone Number:

E-mail Address:

Signature:	Date:
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