



IPAC | AMIC
Indigenous Physicians Association of Canada | Association de médecins indigènes du Canada

IPAC MEMBERSHIP CONSENT FORM

I. **THE PARTIES.** This consent form (“Form”) made on _____, by and between:

Consentee (Student): _____ with a mailing address of _____ (“Consentee”) hereby consents and gives permission to:

Releasee (School Name): _____ (“Releasee”) to perform the following acts mentioned herein:

Member Organization: Indigenous Physicians Association of Canada (IPAC) with a mailing address of 3003-1009 Expo Blvd Vancouver BC V6Z 2V9.

II. **PERMISSIBLE ACTS.** The Releasee has the unrestricted authority to perform the following acts:

1. Pay and or renew my IPAC membership while I am a registered medical student of _____.

III. **TERM.** The aforementioned permissible acts shall be allowed to be performed by the Releasee until:

The Consentee is no longer a registered medical student of _____ and/or until the Consentee revokes this Form.

IV. **DISCLOSURE.** The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any

liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

Consentee's Signature: _____ **Date:** _____

Print Name: _____