**CONSENT AND WAIVER**



**South Carolina Area Health Education Consortium**

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Event:

☐ Conference (date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ Interview (date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ Presentation (date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_