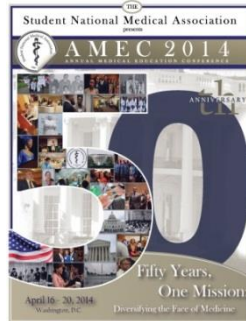




**Student National Medical  
Association  
GenNext Young Scholars  
Program,  
In Partnership with the  
Tour for Diversity in  
Medicine**



Dear Student:

Thank you for your interest in *GenNext Young Scholars Program*. This year during our Annual Medical Education Conference, Student National Medical Association (SNMA) strives to interface with our host city community in the realization of our mission: supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians. In addition, we are fortunate to have the partnership with the Tour for Diversity in Medicine, the flagship project of Motivating Pathways Inc., to expand the programming we are able to present to the scholars. As we consider the needs of the Washington, DC community, we are excited about increasing the diversity of the pipeline of students that consider and prepare for medical and scientific careers. YOU are the future of medicine and we seek to support your development! Students chosen as GenNext Young Scholars will have the opportunity to learn firsthand what SNMA does and who we are, participate in conference programming and network with current pre-medical and medical students, as well as physicians and researchers. Student participation comes at NOCHARGE! We hope you take advantage of this unique opportunity for a sneak peek into our reality and your future!

Sincerely,

Robert Treviño  
Fellow, Pipeline Mentoring Institute, Student National Medical Association

Courtney Johnson  
President, Student National Medical Association

Dr. Kameron Matthews and Dr. Alden Landry  
Co-Founders, Tour for Diversity in Medicine

# **Student National Medical Association GenNext Young Scholars Program**

**Annual Medical Education Conference  
Washington, DC  
The Washington Hilton  
1919 Connecticut Ave, NW  
Saturday, April 19th, 2014**

*Arrive at the Washington Hilton by 8:45 am.*

9:00 am

Welcome

9:30 am

Networking with medical school representatives

10:15 am

Workshop, led by Tour for Diversity in Medicine

11:00 am

Workshop, led by Student National Medical Association

12:00 pm

Saw Bones: Hands-on experience with Orthopedic Surgery Interest Group

1:00 pm

OPTIONAL: Career panel with medical students and physicians

2:00 pm

Closing and dismissal

**Please note that the GenNext Young Scholars Program will not be offering food during the event so please eat before the event.**

**PLEASE REGISTER FOR THE FREE GENNEXT YOUTH SCHOLARS PROGRAM ONLINE AT <http://goo.gl/d7IeNe>**



## Student National Medical Association & Tour for Diversity in Medicine Photo and Video Release Form



I hereby grant permission to the Student National Medical Association (SNMA), the Tour for Diversity in Medicine (T4D), and Motivating Pathways Inc. to use video or photography of me on its website ([www.snma.org](http://www.snma.org)) or in other official printed publications, and I acknowledge their rights to edit, crop or treat the video or photograph of me at its discretion. I also acknowledge that the parties may choose not to use my video or photograph at this time, but may do so at its own discretion at a later date.

I also understand that once my video or photograph is posted on the SNMA or T4D websites, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following:

- Student National Medical Association – National Organization
- Tour for Diversity in Medicine
- Motivating Pathways Inc.

*The SNMA and T4D reserve the right to discontinue use of videos or photos without notice.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**If you are under 18, we must also have the permission of your parent or guardian.**

**I am the parent or legal guardian of the above named minor, and give my permission for the use of their video or photos as described above without further consideration.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship (Parent or Legal Guardian) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_



# Student National Medical Association & Tour for Diversity in Medicine Waiver of Liability



STATEMENT OF RESPONSIBILITY, ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL RELEASE FORM

Name of Participant: \_\_\_\_\_

1. Agreement to Participate

I agree to allow my child to participate in the Tour for Diversity in Medicine @ the Washington Hilton (“Tour”) as part of the Student National Medical Association’s (“SNMA”) Annual Medical Education Conference (“AMEC”). I understand that as part of the Tour my child will participate in certain activities (“Activities”) organized and provided by volunteers associated with the Tour for Diversity in Medicine (“T4D”), which Activities include educational and advising workshops. The Tour is held in conference rooms of the Washington Hilton.

**I agree to allow my child to participate in these Activities and affirm that my child’s participation is completely voluntary.**

I understand that T4D, in its sole discretion, may discontinue my child’s participation in the Tour at any time.

2. Health and Safety

I have determined that there are no health related reasons or problems which preclude or restrict my child from participating in the Tour. Should it become necessary for my child to have medical treatment while participating in Tour events or Activities and I cannot be contacted, I hereby give Tour and SNMA staff permission to use their professional judgment in obtaining medical services for my child.

**Does child have any significant health problems?** (yes/no) \_\_\_\_\_

If yes, please explain:

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**Does your child have any allergies?** (yes/no) \_\_\_\_\_

If yes, what are they allergic to?

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# Student National Medical Association & Tour for Diversity in Medicine Waiver of Liability



In consideration for permitting my child to participate in the Tour and AMEC, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

- To assume full responsibility for any risks or loss, or personal injury, including death that may be sustained by my child, or any loss or damage to property, as a result of participating in, or traveling to or from, the Tour.
- To release, waive, hold harmless, discharge and agree not to sue the Tour, T4D, SNMA, and any of their respective trustees, officers, employees, agents, students, and staff from any and all liability, claims, actions, demands, expenses, attorney's fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and any other causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me or my child, while traveling to or from, or participating in the AMEC, the Tour, and/or Tour Activities.

I have read and understand the foregoing statements and I am in agreement with the terms and conditions therein.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Parent \_\_\_\_\_

Name of Participant \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_