

**GORGAS MEMORIAL INSTITUTE OF HEALTH STUDIES**

**DIRECTION GENERAL**

**CIVIL LIABILITY RELEASE DECLARATION AND MANIFESTATION OF ASSUMED RISK**

In Panama City, being \_\_\_\_\_ of the day \_\_\_\_\_ of the month of \_\_\_\_\_ year \_\_\_\_\_ appeared to the Directorate of the ICGES the: \_\_\_\_\_, with Passport/identity card \_\_\_\_\_, and with identification of social security \_\_\_\_\_, born in the province of \_\_\_\_\_, the day/month/year \_\_\_\_\_ with home in \_\_\_\_\_ email \_\_\_\_\_, By my own will, I declare to be in good health and not suffer any psychological disability or motive power, not consume any drugs and that is my desire and will participate in the Internship Program of ICGES, whatever form (Student thesis, a researcher, training, intern, visitor. Etc.) obeying all instructions and rules provided by the ICGES, and that in case of not complying with these conditions, I am subject (a) to not participate in the Program.

Likewise, I manifest to know and assume the risks involving my participation in this program, also in this Act, I free and exonerate the GORGAS MEMORIAL INSTITUTE OF HEALTH STUDIES (ICGES), as well as their respective officials of any liability in case of an accident, injury or damage, including loss of life because of my participation in this program.

Thus, with the signing of this declaration I voluntarily resign to any claim or action that may correspond to me or my heirs against the GORGAS MEMORIAL INSTITUTE OF HEALTH STUDIES (ICGES) and their officials or authorities in relation to my participation in the Internship Program of the ICGES. The intern affirms that have read and understood this **Declaration of release of Civil Liability and Statement of Taken Risk** before signing it.

For the record, extends and signing of the present on the part of the declaring, in Panama City, the day \_\_\_\_\_ of the month \_\_\_\_\_ of the year \_\_\_\_\_

\_\_\_\_\_  
**DECLARING/INTERN  
IDENTITY  
CARD/PASSPORT:** \_\_\_\_\_

**Signature just like the ID**