I, blank space., identify as it appears in the signature below, as a participant of blank space. to be held at the Universidad de Antioquia between the date and date, I declare that I am aware of the risks of theft, loss or damage to my property, physical injury, accident, and death, among others, involved with my participation in the aforementioned academic activity, as I am conscious of these contingences and assume full responsibility for them.

Therefore, by means of the present communication, I exonerate the Basic Biomedical Sciences Academic Corporation of the Universidad de Antioquia, the staff of the academic unit and the contractors of the institution, of the responsibility for economic harm resulting from damages or loss of my belongings, disease treatments, physical injuries, hospitalization, maternity (If applies) or accidents related to my participation in this academic event; including claims for death, hospitalization expenses, medications, disability, sanitary repatriation and funeral repatriation if applicable.

This declaration shall be binding not only for me, but also on my representatives and my successors in title. By signing this document, I declare that I know and understand the risks of my participation in the academic event and, therefore, I accept them voluntarily, assuming exclusively the responsibility for the materialization of the mentioned risks.

As a record, this document is signed on date, in the city of blank space.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature.

ID: Blank space.