



كلية طب وايل كورنيل في قطر  
Weill Cornell Medical College in Qatar

## CONSENT & RELEASE FORM

Government & Public Affairs

Date: 26/10/2015

Location: Lima, Perú

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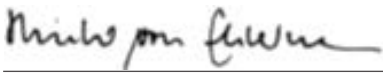
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☒ I **DO** agree to the above release.

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Signature: 

Print name: Mirko von Elstermann

Parent /Guardian signature (if student is under 18)

\_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please complete and return to the Office of Government & Public Affairs, WCMC-Q.