**China Medical University College of Medicine**

**Consent Form**

|  |  |
| --- | --- |
| Name of the Team |  |
| Name of Participant(s) |  |
| TEL of team leader |  |
| EMAIL of team leader |  |
| Department/ Year |  |
| Student ID No. |  |

I have read and agree to abide by the regulations of the “International Cultural Activity Proposal Competition” of the College of Medicine, China Medical University, and hereby declare the following:

1. All information provided in this form is true.
2. If I win an award, I agree to carry out the cultural activity this semester (before the end of June 2024).

Name:＿＿＿＿＿＿＿＿＿ (Signature)　 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (yyyy/mm/dd)