

**China Medical University Bilingual Education Center
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 “Field Trip Activity Proposal Competition” of the Bilingual Education Center, 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 field trip activity in the next semester (first semester, 2024).

Name: _____ (Signature)

Date: _____ (yyyy/mm/dd)