

American College of Medical Genetics and Genomics (ACMG)
Application for ACMG Student Interest Group Program
(Print or type all information)

STUDENT INTEREST GROUP NAME:

INSTITUTION:

TYPE OF GROUP: ☐ Medical Student ☐ Graduate Student ☐ Genetic Counseling Student

GROUP LEADERS NAME(S) AND PROGRAM YEAR(S) (student leaders):

GROUP CONTACT (student contact):

NAME:

DEPARTMENT:

ADDRESS 1:

ADDRESS 2:

CITY, STATE, ZIP/POSTAL CODE:

TELEPHONE:

FAX:

EMAIL:

GROUP URL:

FACULTY ADVISOR'S NAME (must be ACMG member):

DEPARTMENT:

ADDRESS 1:

ADDRESS 2:

CITY, STATE, ZIP/POSTAL CODE:

TELEPHONE:

FAX:

EMAIL:

TERMS AND CONDITIONS OF THE ACMG STUDENT INTEREST GROUP PROGRAM

By applying to the ACMG Student Interest Group Program, the applicant group sponsor and institution hereby agree to the following Terms and Conditions.

1. The applicant Student Interest Group (the "Group") shall:
 - be a recognized student club or organization at its affiliated institution (the "Institution");
 - have a faculty advisor who shall be an ACMG member and a full-time faculty member at the affiliated institution;
 - provide annually to ACMG an updated list of all Chapter members, including designations of all officers and their contact information, and a summary of programs, activities and operations;
 - endeavor to sponsor and conduct programs and activities that further the group members' interest in and knowledge of medical genetics and use its best efforts to ensure that such programs and activities are of the highest quality with respect to content, materials, and logistical preparation; and,
 - forward to ACMG any adverse notices or other correspondence received from its institution or any governmental agency (e.g., Internal Revenue Service, Secretary of State or other agency).
2. The relationship between ACMG and each the Group is and shall at all times remain that of independent contractors. Nothing herein shall create any joint venture, partnership, or agency relationship of any kind between the parties.

3. Unless prohibited by University policy, the Group may refer to itself as an ACMG Student Interest Group at _____ University. Group may not use the ACMG name, acronym, logo or any other intellectual property belonging to ACMG without prior written approval from ACMG.
4. The Group is strictly prohibited from incurring any liability, obligation or expense on behalf of ACMG, from using ACMG's monetary credit in conducting any activities, and from representing to any third party that the Group is an agent of ACMG. On all agreements to which it is a party, and on all other documents which could result in contractual obligations or tort liability, the Group shall display prominently the following statement:

“(Group Name) is not a partner or agent of the American College of Medical Genetics and Genomics (ACMG). The ACMG does not review or control, and is not responsible for, any obligations (Group Name) may incur or any liabilities (Group Name) may be subject to.”
5. The Group and Institution warrant that the Group shall conduct its activities in full compliance with all rules, policies, purposes, laws, and guidelines of the Institution and all applicable federal, state, and local laws, regulations and other legal standards, and that the Group will maintain at all times all permits, licenses, and other applicable governmental approvals.
6. The Group and Institution acknowledge and agree that ACMG assumes no liability for claims of damage of any kind or for claims of injury to any person in connection with the activities of the Group, including but not limited to claims made by member participants, recipients of the Group's services, or any affiliated organizations.

THE GROUP AND INSTITUTION AGREE THAT THE DECISION AS TO WHETHER THE GROUP QUALIFIES, OR CONTINUES TO QUALIFY FOR MEMBERSHIP IN THE ACMG STUDENT INTEREST GROUP PROGRAM RESTS SOLELY AND EXCLUSIVELY WITH THE BOARD OF DIRECTORS OF THE ACMG.

THE UNDERSIGNED SIGNATORY HAS THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE GROUP AND THE UNIVERSITY, HAS READ AND UNDERSTANDS THE ABOVE TERMS AND CONDITIONS, AND INTENDS THE INSTITUTION TO BE LEGALLY BOUND THEREBY.

SIGNATURE:

DATE:

SPONSOR'S PRINTED NAME:

DEGREES:

(Sponsor should be a Dean or other institutional official with the authority to enter into this agreement on behalf of the group and the institution.)

CURRENT POSITION:

DEPARTMENT:

INSTITUTION:

ADDRESS:

ADDRESS:

WORK CITY, STATE, ZIP/POSTAL CODE:

TELEPHONE:

FAX:

EMAIL:

Submit completed application to:

American College of Medical Genetics and Genomics
7220 Wisconsin Avenue, Suite 300
Bethesda, MD 20814
Fax: 301-718-9604
Email: dcalvert@acmg.net