



COLUMBUS TECHNICAL COLLEGE

SCRUBS CAMP: **Hands-on Adventures in Healthcare** **5 Day Summer Camp (9am - 4pm)**

Monday, June 10th – Friday, June 14th, 2024 OR

Monday, July 8th - Friday, July 12th, 2024

Early Registration Camp Fee: \$225.00 **Deadline: April 12, 2024**

General Registration Fee \$250.00 **Deadline: May 10, 2024**

Camp Fee does not include housing

Online Payment: <https://www.hughston.com/summer-camp/>



Select Camp Dates Attending:

(☐) Monday, June 10th - Friday, June 14th **OR**

(☐) Monday, July 8th - Friday, July 12th

Participant Application (please print clearly or type to avoid misspellings)

Student Name: _____

Home Address: _____

Street

City

State

Zip

County of Residence

Student Cell: _____ Home: _____

Student Email: _____ HS Graduation Year: _____

Name of High School: _____ GPA: _____

School Address: _____

Street

City

State

Zip

School Phone: _____ Name of Sponsoring Teacher: _____

Parent/Guardian Name: _____ Parent Cell: _____

Parent Email (main source of communication) : _____

SCRUB TOP SIZE (plan to wear over another shirt each day of camp)

Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____ Other ____

HEALTH CAREER INTEREST

➤ Please rank (1-4) your top health career areas of interest (continued on next page):

1. _____

2. _____

**Application package and payment should be returned no later than midnight May 10th, 2024 to The Hughston Foundation
 ATTN: Belinda Klein, bklein@hughston.com or drop off at 6262 Veterans Parkway, Columbus, GA 31909
 Make checks payable to The Hughston Foundation.**

3. _____

4. _____

The following data collection is for reporting to funding organizations only:

Birthday: (mm/dd/yyyy) _____ Gender (Check one): _____ Male _____ Female

Ethnicity (Check one): _____ African-American/Black _____ Asian _____ American Indian/Alaskan Native

_____ Caucasian/White _____ Hispanic/Latino _____ Native Hawaiian/Other /Pacific Islander

_____ Other (please specify) _____ _____ Prefer to not answer

Would you consider yourself "disadvantaged" (using the definition below)? _____ Yes _____ No

Definition: A "disadvantaged" individual is one who comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession. OR a disadvantaged individual comes from a family with an annual income below a level based on low-income thresholds set by the US government.

WAIVER, RELEASE, AND COVENANT NOT TO SUE**Parental Consent**

I, for and in consideration of my minor child participating in the Scrubs Camp conducted by The Hughston Foundation and Three Rivers AHEC and their affiliates, do hereby waive, release, forever discharge, and forever covenant not to sue Three Rivers AHEC, The Hughston Foundation, Columbus Technical College, Columbus State University, Mercer University School of Medicine, Valley Healthcare System Inc. or their affiliates or any directors, employees, or agents, based upon any claims, rights, liabilities or causes of action of whatever kind or nature, arising out of the voluntary participation of my child in the Scrubs Camp whether on or off the property of said Three Rivers AHEC, The Hughston Foundation, Columbus State University, Mercer University School of Medicine, Valley Healthcare System Inc. or affiliates whether resulting from my own negligence, the negligence of my own child or that of another child, that of any party released herein, or that of a third party.

I have read, understood, and agreed to the information, waivers, and representations stated above.

Participant Signature_____
Date_____
Parent/Guardian's Signature_____
Date

**Application package and payment should be returned no later than midnight May 10th, 2024 to The Hughston Foundation
ATTN: Belinda Klein, bklein@hughston.com or drop off at 6262 Veterans Parkway, Columbus, GA 31909
Make checks payable to The Hughston Foundation.**



I, the undersigned, agree to allow my child to participate in this training program taking place at the Hughston Foundation, Inc. at 6262 Veteran's Parkway, Columbus Georgia Surgical Education Center Laboratory. I am fully aware that cadaver specimens, complex medical instruments, and testing equipment are being utilized during the training program and of the physical and biological risks of harm they pose.

Therefore, I hereby fully release The Hughston Foundation, Inc., its subsidiaries, officers, directors, employees, agents, and assigns from any liability, real or implied, for any injury, disease, or other such damage which may result in any way from my child's participation in or observation of this training program.

Due to the potential risks involved in working with cadaverous materials, the universal precautions approach will be utilized at all times. For their safety and protection, your child will be provided with and required to wear the following protective equipment while working with specimens: surgical gloves, impervious gown, and eye protection. Scrub suits, surgical masks, and shoe covers will also be available. All of the used garments should be placed in either the contaminated waste bin or the used scrubs bin when the lab session is complete.

Any equipment having evidence of malfunction shall be reported to the Research Director immediately for inspection and possible replacement.

Any specific eye, mouth, another mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials should be reported to the Research Director or Supervising Staff immediately.

It should be noted that The Hughston Foundation only obtains cadaveric specimens from certified tissue donor services. All tissue used for training purposes has undergone serology testing for infectious disease and has tested negative for Hepatitis B, Hepatitis C, and HIV.

No photography that includes cadaver tissue is allowed. Posting photos of any lab activities on social media is not allowed. Any photos posted on personal social media accounts will result in the request for the removal of the photos and loss of lab privileges for the student.

I have read, understood, and agreed to the information, waivers, and representations stated above.

Student's Name _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian's Printed Name: _____

Note: Closed-toed shoes are required. Due to cold temperatures in the lab, wear a long sleeved shirt or bring a jacket.

**Application package and payment should be returned no later than midnight May 10th, 2024 to The Hughston Foundation
ATTN: Belinda Klein, bklein@hughston.com or drop off at 6262 Veterans Parkway, Columbus, GA 31909
Make checks payable to The Hughston Foundation.**

Additional information:NON-REFUNDABLE DISCLAIMER

Parent/Guardian agrees to pay a nonrefundable **Early Registration fee of \$225 (deadline April 12, 2024) or Registration fee of \$250 (deadline May 10, 2024) (does not include housing)**. The nonrefundable fee is due by the aforementioned deadlines. The Hughston Foundation and its affiliates shall have no obligation to provide camp services of any type until the nonrefundable fee is paid in full.

Camp Agenda: The full 5 day agenda (9:00am – 4:00pm) will be sent via email to registrants a week prior to the camp. Two days of the camp will be held at the The Hughston Foundation, one day will be held at Columbus Technical College, and another day will be split between the Columbus State University (CSU) Nursing and Health Science campus (downtown), Mercer University School of Medicine and Valley Healthcare System Inc.

Transportation: The ONLY transportation being provided will be between CSU Nursing and Health Science campus (downtown) and Mercer University School of Medicine at midday. *All other transportation to/from the camp locations will **NOT** be provided.*

Housing Options: Housing will NOT be provided for registrants. Columbus State University has dorms available for the **July camp dates ONLY!** Dorm registration will be handled separately. For more information and application contact Belinda Klein at bklein@hughston.com. Hotel information can be provided upon request.

Dress code: Closed-toed shoes and long pants (no leggings or shorts) are required. Due to cold temperatures in the lab, it is recommended to wear a long sleeved shirt or bring a jacket. A scrub top will be provided on the first day of camp. Plan to wear the scrub top over another shirt each day of camp.

Safety Protocols:

Organizers of Scrubs Camp will follow current recommended CDC guidelines for the safety of camp participants and staff.

If a camp participant experiences a high temp or flu/COVID symptoms or have been exposed prior to or during the camp dates, please contact camp organizers to assist with notifications.

Thank you for your cooperation, please let us know if you have any questions or concerns.

Acknowledge receipt of these protocols by signing below.

Participant Signature

Date

Parent/Guardian's Signature

Date

**Application package and payment should be returned no later than midnight May 10th, 2024 to The Hughston Foundation
ATTN: Belinda Klein, bklein@hughston.com or drop off at 6262 Veterans Parkway, Columbus, GA 31909
Make checks payable to The Hughston Foundation.**

APPENDIX A

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release") made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to Columbus State University ("CSU") and the Board of Regents of the University System of Georgia, to participate in the The Hughston Foundation - 2024 Scrubs Camp camp/conference hereinafter known as "Event".

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the Event at CSU. I have been informed that the Event could participate in some inherently dangerous activities. In consideration of my participation in the Event, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the CSU, the Board of Regents of the University System of Georgia, and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, while participating in anything sponsored by, or put on by the Event. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge CSU, the Board of Regents for the University System of Georgia, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my participation in the Event.

I expressly agree to indemnify and hold CSU and the Board of Regents of the University System of Georgia harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I understand and agree that neither CSU, nor the Board of Regents for the University System of Georgia, is responsible for property that is lost, stolen, or damaged while participating in, or traveling to or from, anything related to the Event.

I expressly agree to indemnify and hold harmless CSU and the Board of Regents of the University System of Georgia from any and all claims arising out of any injury occurring while using any property procured by the Event, whether bought, leased, or rented, during Event.

Authorization to Use Image or Photograph

Columbus State has frequent occasion to illustrate and explain its program and activities for volunteer/participant recruitment, fund-raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs and/or video of our friends/participants. By signing this waiver I give CSU and the Board of Regents permission to use my image in any of these materials deemed necessary for the sole purpose of marketing and promotion of

the school/future event. However, we would never intentionally offend our friends/supporters by doing these things without their understanding and consent. Should you feel uncomfortable allowing us to use you or your child's image in our promotional material, please check the box below.

**This is completely voluntary and will not affect your allowance to participate in the program.)*

- ☐ I would like to opt out of using my image or my child's image in marketing/promotional material for CSU and/or the University System of Georgia's Board of Regents.

Authorization to Release Participant Information

Please select one or two individuals that are allowed to receive information about the Event participant. These two people will be the only ones allowed to receive any information from CSU about the participant.

Contact 1:

Name:

Primary Phone:

Secondary
Phone:

Relationship to
Participant:

Contact 2:

Name:

Primary Phone:

Secondary
Phone:

Relationship to
Participant:

I HAVE READ THE FOREGOING RELEASE AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Participant Name (Print): _____ Date: ____/____/____

Parent/Guardian Name: If participant is under the age of 18 (Print): _____

Parent/Guardian/Participant Signature: _____

**The Parent/Guardian must sign here if the participant is under the age of 18 years old.*

2024 Camper Medical Release Form**Participant Information**

In some situations a participant, especially a minor child, cannot receive emergency medical care without having written authorization to do so. To avoid any unnecessary delay, this medical release form must be completed and signed. This form is mandatory for any person staying on CSUs campus. Please fill in participant information below:

Name: _____
SSN: _____
DOB: _____
Ins. Co: _____
Policy #: _____
Member #: _____

Primary Contact in Case of Emergency

Name: _____
Phone: _____
Cell: _____
Relationship: _____

Secondary Contact in Case of Emergency

Name: _____
Phone: _____
Cell: _____
Relationship: _____

Medical Questionnaire

Latex Allergy: ☐ Yes ☐ No
Food Allergy: ☐ Yes ☐ No

What foods?

Insect Allergy: ☐ Yes ☐ No
Asthma: ☐ Yes ☐ No
Inhaler? ☐ Yes ☐ No
Can the use of an inhaler be used ☐ Yes ☐ No
independently?

Heart defect/ disease, high blood pressure: ☐ Yes ☐ No
Diabetes: ☐ Yes ☐ No
Seizures/Epilepsy/Fainting Spells: ☐ Yes ☐ No
Date of last seizure:

Medical History

Medical History: _____

Allergies: _____

Glasses/Contacts: _____

Medications: _____

Description of any visual impairment and acuity: _____

Additional Information

Medical and/or Safety Concerns: _____

Special Needs or Tips (Please provide information needed to facilitate a successful camp experience): _____

Medical Release

In case of injury or illness, CSU is authorized to provide or obtain emergency medical care for myself or my child to include providing emergency transportation. I agree to bear all costs of emergency services provided to my child. I have read and agree to this release.

Signature

Date

Printed Name

MERCER UNIVERSITY INFORMATION /WAIVER FORM

Camp Name: Scrubs Camp

Camper Name: _____	Birth Date: _____
Address: _____	Gender: _____
City/State/Zip: _____	Age: _____
Home Phone: _____	Facilities and/activities:
Cell Phone: _____	<input type="checkbox"/> Baseball <input type="checkbox"/> Music
Email: _____	<input type="checkbox"/> Basketball <input type="checkbox"/> ROTC
	<input type="checkbox"/> Cheerleading <input type="checkbox"/> Soccer
	<input type="checkbox"/> Dance <input type="checkbox"/> Softball
	<input type="checkbox"/> Educational <input type="checkbox"/> Tennis
	<input type="checkbox"/> Football <input type="checkbox"/> Volleyball (Sand)
	<input type="checkbox"/> Foreign Lang./Internet <input type="checkbox"/> STEM
	<input type="checkbox"/> Golf <input checked="" type="checkbox"/> Other: School of Medicine, Columbus campus
	<input type="checkbox"/> Lacrosse
Medical Information:	
Emergency Contact: _____	Phone: _____
Relationship to Camper: _____	Insurance Policy No.: _____
Insurance Carrier: _____	Insurance Group No.: _____

1. _____ (the “**Camper**”) is a participant in the above-referenced camp. The undersigned is the Camper who is eighteen (18) years of age or older or the parent(s)/guardian(s) of the above-named Camper. I (We) know that participation in certain physical activities may result in serious injury or death, and protective equipment does not prevent all injuries. I (We) hereby waive, release, absolve and agree to hold harmless The Corporation of Mercer University, its governing body, administrators, employees, coaches, students and staff as well as the organizers, supervisors, volunteers, sponsors, participants and persons transporting me/the Camper to and from activities (collectively, the “Releasees”), from any claim arising out of any injury to me/the Camper, whether the result of negligence or for any other cause.

2. In addition to the above, I (we) hereby understand the hazards of the novel coronavirus (“COVID-19”) and am/are familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I (We) acknowledge and understand that the circumstances regarding COVID-19 are changing daily and that the CDC guidelines are regularly modified and updated accordingly. I (We) accept full responsibility for familiarizing myself/ourselves with the most recent CDC guidelines. Notwithstanding the risks associated with COVID-19, which I (we) readily acknowledge, I (we) hereby give my/our approval for me/the Camper to participate in activities utilizing Mercer University facilities including its athletic facilities.

3. I (We) hereby understand that the Camp is organized and operated by a third party independent of Mercer University and that the Camp has contracted with Mercer University to use Mercer University facilities. Mercer University is not operating or overseeing the Camp and is not directly responsible for the Camp program or any Camp activities. I (We) hereby understand that Mercer University is not supervising the Camper and is not directly responsible for the safety or wellbeing of the Camper while the Camper is attending Camp. The third-party individual or entity operating the Camp (Camp Name listed above) is responsible for supervising Camper while Camper is attending Camp.

4. I (We) have read the foregoing and voluntarily accept and assume all risk of injury, loss of life or damage to property arising from (i) my/the Camper’s participating in activities utilizing Mercer University facilities including its athletic facilities and (ii) my/the Camper’s infection or contraction of COVID-19 or other illness. I (We) hereby waive, release, discharge, covenant not to sue and hold harmless the Releasees from any and all liability related to my/the Camper’s

participating in activities utilizing Mercer University facilities including its athletic facilities, COVID-19, and from any claim arising out of any injury to me/the Camper, whether the result of negligence or for any other cause.

5. I (We) agree to indemnify, defend and hold harmless the Releasees from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise) arising from or out of, or relating to, directly or indirectly, the infection or contraction of COVID-19 or any other illness or injury as result of utilizing Mercer University facilities including its athletic facilities. It is my/our express intent that this Waiver shall bind any assigns and representatives and shall be deemed as a release, waiver, discharge, covenant not to sue and hold harmless the above named Releasees. This waiver shall be construed, interpreted and controlled according to the laws of the State of Georgia. I hereby knowingly and voluntarily waive any right to a jury trial of any dispute arising in connection with this waiver.

6. Accident/medical insurance coverage is **not** provided by Mercer University. If injured while at Mercer University facilities, I (we) understand that I (we) are responsible for medical expenses and/or insurance coverage.

7. Property damages and general liability insurance is **not** provided by Mercer University. I (We) understand that Mercer University is **not** responsible for property damage resulting from the use of Mercer University facilities including its athletic facilities.

8. I (WE) FURTHER ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT FOR THE PERMISSION GRANTED BY RELEASEES TO BE ON THE PREMISES AND PARTICIPATE IN THE ACTIVITIES. IN SIGNING THIS AGREEMENT, I (WE) ACKNOWLEDGE AND REPRESENT THAT I (WE) HAVE READ THE FOREGOING WAIVER, UNDERSTAND ITS TERMS AND SIGN IT VOLUNTARILY AS MY (OUR) OWN FREE ACT AND DEED; NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, APART FROM THE FOREGOING, HAVE BEEN MADE; I (WE) AM FULLY COMPETENT; AND I (WE) EXECUTE THIS WAIVER FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature of Camper (if 18 or older)

Date

Signature of Parent or Guardian

Date