



**The following is for data collection and reporting for research and 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.

Students will be asked to complete an anonymous pre- and post-survey about their experiences to provide feedback on specific activities and the overall program.

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

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Participant Signature

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Date

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Parent/Guardian's Signature

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Date



I, the undersigned, agree to allow my child to participate in this training program taking place at the Hughston Foundation, Inc., at 6262 Veterans 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, an 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, HIV, and COVID.

**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, it is recommended to wear a long-sleeved shirt or bring a jacket.

**Application package and payment should be returned no later than midnight May 8th, 2026 to The Hughston Foundation  
ATTN: Belinda Klein, [bklein@hughston.com](mailto: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

Camp registration is based on a first-come, first-served basis, and students need to be between a rising 9<sup>th</sup> grader and a 12<sup>th</sup> grader (can be graduated). Parent/Guardian agrees to pay a nonrefundable **Early Registration fee of \$225 (deadline April 10, 2026) or a Registration fee of \$250 (deadline May 8, 2026) (does not include housing for over night stay)**. 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/guardians a week before the camp. Two days of the camp will be held at 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) and Mercer University School of Medicine. There are 2 groups per camp date. Students will be assigned to a group and sent the appropriate agenda (via email) for their facility rotations. Should there be a need for multiple students to be in the same group, include other student name(s) in the registration email.

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

**Housing:** **This is not an overnight camp.** Housing will **NOT** be provided for registrants. Hotel block rates will be provided upon request.

**Dress code:** **Closed-toed shoes and long pants (no leggings or shorts) are required.** Due to cold temperatures in the labs, it is recommended to wear a long-sleeved shirt or bring a jacket. A scrub top will be provided (dark navy) on the first day of camp. Students need to 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 temperature or flu/COVID symptoms or has been exposed before 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.

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Participant Signature

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Date

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Parent/Guardian's Signature

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Date



## PARTICIPANT CODE OF CONDUCT

**Program Name:** Scrubs Camp

**Participant Name (Please Print):** \_\_\_\_\_

**Parent/Legal Guardian Name (Please Print):** \_\_\_\_\_

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. If applicable, dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

### PARTICIPANT AGREEMENT

I understand that as a condition for participating in the Program I must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

### PARENT/LEGAL GUARDIAN AGREEMENT

I understand that my child will be subject to the rules and standards of conduct of the Program and Columbus State University. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses.

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## EMERGENCY CONTACT, MEDICAL INFORMATION AND AUTHORIZATION FOR MEDICAL CARE

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Program Name: Scrubs Camp

Date(s) of Program: \_\_\_\_\_

Participate Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Participant Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Backup Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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### Health Insurance Information (if applicable):

Insurance Provider: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physicians/Pediatrician Practice: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*(Note: Columbus State University does not offer any form of health, liability, or other types of insurance for participants. If available, please attach a copy of the front and back of your insurance card with this form.)*

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**Medical Information:**

1. Medical information we need to know about Participant (current conditions, physical limitations, past injuries, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (medications, stings, foods, iodine, latex, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications Participant is currently taking, dosage, and times taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of last Tetanus shot: \_\_\_\_\_

3. Does your child need any accommodations to safely participate in the program? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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**CSU Administration of Medication**

CSU faculty, staff and volunteers are not equipped to administer medications to Participants. All participants should be able to administer their own medications.

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**Authorization for Medical Treatment**

I consent to medical and/or surgical care as may become necessary for the Participant's well-being, should the need arise, and I understand that I will be solely responsible for the cost. I authorize Columbus State University to communicate in emergencies with the person(s) identified in my submission materials. I hold harmless and agree to indemnify Columbus State University from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

By signing this form, I agree that all information is accurate and current, that all important information is listed on this form, and to the best of my knowledge, my child is capable of participating safely in the Program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in the above information as soon as possible.

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**Signature of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Participation Agreement and Liability Waiver for Minors

**Event Description:**

**Name of Event:** Scrubs Camp

**Date(s):** \_\_\_\_\_

**Location:** Frank Brown Hall \_\_\_\_\_

**PARENT OR GUARDIAN, PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

I, the undersigned below, in consideration of my child's or ward's participation in the Event(s) referenced above and any related activities thereto including training, preparation, and travel (separately and collectively, the "Event"), wherever the/these Event(s) may occur, acknowledge that I am aware that as a result of my child's or ward's participation in the Event, there exists the potential for injuries including but not limited to scrapes, bruises, broken bones, and various injuries to the body, and **I freely assume on my child's or ward's behalf all risks incidental to such participation.**

In consideration of my child's or ward's participation in the Event and in my child's or ward's behalf, and on behalf of my child's or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my child's or ward's participation in the Event and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. This agreement to indemnify extends to any claim filed by my child or ward upon reaching the age of majority. I, for my child and/or ward, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation.

I declare that my child or ward are physically fit and have the skill level required to participate in the Event and/or any such related and associated activities. I further authorize medical treatment for my child or ward, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are: Columbus State University, the Board of Regents of the University System of Georgia, all Event sponsors, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I also agree that during the time my child or ward is involved with the Event, he or she will be bound by all rules, regulations, policies, procedures and guidelines of Columbus State University and the University System of Georgia. I further understand that my child's or ward's violation of the rules and standards of conduct or failure to comply with the reasonable direction of the Event staff may result in my child's or ward's dismissal from the Event, including but not limited to transportation costs to return the Participant home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses.

I understand that the Event is not licensed by the Georgia Department of Early Care and Learning.

I also acknowledge that persons employed by Columbus State University may take photographs and/or videos of my child's or ward's participation and allow the use of these materials on behalf of the University without limitation or compensation including the release of my and/or my child's or ward's name. INITIAL HERE ONLY IF YOU DO NOT AGREE TO THE PHOTOGRAPHY AND VIDEO RELEASE: \_\_\_\_\_

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in the Superior Court in and for Fulton County, Georgia. I understand that the acceptance of this liability waiver, release, indemnity and promise not to sue Columbus State University or the Board of Regents of the University System of Georgia or any agent or employees thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

I certify I am eighteen (18) years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

**I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE.**

**Participant Information: (Please PRINT)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## PICK-UP AUTHORIZATION

Program Name: Scrubs Camp

Date(s) of Program:

Participate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Authorized Pick-Up

Please list any individual **other than yourself** who is authorized to pick up your child (Participant). Authorized individuals must be at least 16 years of age, must pick up the Participant in person, and may be requested to show identification to program staff. The Participant **will not** be permitted to leave the program with anyone who is not listed below or who does not provide acceptable identification upon request.

I authorize the following responsible person(s) to pick up my child from the Program (you may write additional names and information on the back of this Pick-Up Authorization Form as needed):

Authorized Person  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Child  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that the Participant must be picked up by designated Program times. If an authorized adult is unable to be reached, Program staff will contact the local police department as a last resort to take the Participant home. If you are not at home, the Participant will be released to the Division of Family and Children Services.

Please contact the Program at any time if you need to update this Pick-Up Authorization Form.

### Authorized Dismissal (FOR CHILDREN 16 YEARS OR OLDER)

\_\_\_\_\_**INITIAL HERE ONLY IF** your child is at least 16 years of age and will be responsible for his/her own transportation to and from the Program, and may sign himself/herself out at the end of the Program.

Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_



## PICK-UP AUTHORIZATION

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Program Name: Scrubs Camp

Date(s) of Program: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Authorized Pick-Up

Please list any individual **other than yourself** who is authorized to pick up your child (Participant). Authorized individuals must be at least 16 years of age, must pick up the Participant in person, and may be requested to show identification to program staff. The Participant **will not** be permitted to leave the program with anyone who is not listed below or who does not provide acceptable identification upon request.

I authorize the following responsible person(s) to pick up my child from the Program (you may write additional names and information on the back of this Pick-Up Authorization Form as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Please note that the Participant must be picked up by designated Program times. If an authorized adult is unable to be reached, Program staff will contact the local police department as a last resort to take the Participant home. If you are not at home, the Participant will be released to the Division of Family and Children Services.

Please contact the Program at any time if you need to update this Pick-Up Authorization Form.

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### Authorized Dismissal (FOR CHILDREN 16 YEARS OR OLDER)

\_\_\_\_\_ **INITIAL HERE ONLY IF** your child is at least 16 years of age and will be responsible for his/her own transportation to and from the Program, and may sign himself/herself out at the end of the Program.

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Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST ACCOMPANY CAMPER AT REGISTRATION  
MERCER UNIVERSITY INFORMATION /WAIVER FORM  
Camp Name\_ Scrubs Camp\_\_\_\_\_**

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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
<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	

Email: \_\_\_\_\_

**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.

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Signature of Camper (if 18 or older)

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Date

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Signature of Parent or Guardian

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Date