



THE
HUGHSTON
FOUNDATION

PATH CAMP
Profession Awareness & Training
for Healthcare:

4 Days (9am - 3pm)

Tuesday, October 13th - Friday, October 16th, 2026

Registration Fee: \$200.00 **Deadline: September 14, 2026**

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



COLUMBUS TECHNICAL COLLEGE



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

Name: _____

Home Address: _____

Street

City

State

Zip

County of Residence

Cell: _____ Home Phone: _____

Email: _____

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

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

HEALTH CAREER INTEREST

➤ Please rank your health career areas of interest:

1. _____ 2. _____

3. _____ 4. _____

The following is for data collection and 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

Application package and payment should be returned no later than midnight September 14, 2026 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.

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

Definition: A "disadvantaged" individual comes from an environment that has hindered the individual's ability to acquire the knowledge, skills, and abilities required to enroll in and graduate from a health professional training school or 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

Consent

I, for and in consideration of attending PATH 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, and 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 at the PATH Camp whether on or off the property of said Three Rivers AHEC, The Hughston Foundation, Columbus State University, and Valley Healthcare System Inc. or affiliates whether resulting from my own negligence, or that of a third party.

I authorize the use of my photograph for, but not limited to, publication on the internet, magazines, journals, books, articles, etc., for marketing materials. Furthermore, I hereby waive my right to any royalty, payment, or any other compensation concerning the usage of the photos referred to on this form.

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

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

Participant Signature

Date

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I, the undersigned, agree 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 participation in or observation of this training program.

Due to the potential risks involved in working with cadaverous materials, the universal precautions approach will always be utilized. For their safety and protection, I 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 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 serologic testing for infectious diseases and 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 a request to remove the photos and a loss of lab privileges.

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

Participant's Signature: _____

Printed Name: _____

Date _____

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

Additional information:

NON-REFUNDABLE DISCLAIMER

I agree to pay a nonrefundable **registration fee of \$200 (deadline September 14, 2026) (does not include housing or transportation)**. The nonrefundable fee is due by the aforementioned deadline. 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 4-day agenda (9:00 am – 3:00 pm) will be sent via email to registrants a week prior to the camp. Each day of the camp will be held at a different facility. Tuesday will be at The Hughston Foundation, Wednesday at Columbus Technical College, and Thursday on the Columbus State University campus. The final day will be held at Valley Healthcare.

Dress code: Closed-toe 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. Participants need to plan to wear the scrub top over another shirt each day of camp.

Safety Protocols: Organizers of Scrubs Camp will follow current CDC guidelines to ensure the safety of camp participants and staff.

If a camp participant experiences a high temperature, flu/COVID symptoms, or has been exposed prior to or during the camp dates, please contact the 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

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