



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



Monday, June 13th - Thursday, June 16th, 2022 **OR**
 Monday, July 11th - Thursday, July 14th, 2022

Early Registration Camp Fee: \$200.00 **Deadline: April 15, 2022**
 General Registration Fee \$225.00 **Deadline: May 16, 2022**



Camp Fee does not include housing

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

Participant Application

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: _____

Select Camp Dates Attending: () Monday, June 13th - Thursday, June 16th **OR**
 () Monday, July 11th - Thursday, July 14th

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 May 16th, 2022 to The Hughston Foundation
 ATTN: Belinda Klein, bklein@hughston.com P.O. Box 9517, Columbus, GA 31908, (706) 494-3326 or Fax: (706) 494-3379.
 Make checks payable to The Hughston Foundation.**

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.

Please list courses taken to prepare you for becoming a healthcare professional.

List other activities that have added to your development toward healthcare.

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, Mercer University School of Medicine 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 Technical College, Mercer University School of Medicine 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 give my child permission to participate in the Scrubs Camp.

Parent/Guardian Signature _____ Date _____

Confidentiality Agreement

Three Rivers AHEC, The Hughston Foundation, Columbus Technical College, Mercer University School of Medicine and its employees/volunteers/students/visitors must make every effort to prevent unauthorized disclosure of medical, personal, and other data about patients and employees. To that extent, we believe it is imperative that as a condition for employment/volunteering/visiting each employee/volunteer/student/visitor be familiar with our confidentiality policy. It states that information on a patient concerning their presence in the hospital, their reason for being here, the treatment they are receiving, etc. is strictly confidential and may be released by authorized personnel only. Any knowledge of medical or personal information, about a patient is not to be disclosed outside the medical facility. Such information should not be passed from one individual to another inside the medical facility unless this is necessary for a patient's treatment. This policy was written to protect the rights of the patient from unauthorized disclosure as well as to comply with both federal and state law. As a routine matter, we must be very conscious as to our

Application package and payment should be returned no later than midnight May 16th, 2022 to The Hughston Foundation ATTN: Belinda Klein, bklein@hughston.com P.O. Box 9517, Columbus, GA 31908, (706) 494-3326 or Fax: (706) 494-3379. Make checks payable to The Hughston Foundation.

conversation outside the workplace. In no case should patient information be released or discussed with anyone unless it is in the performance of your duties. To ensure that you understand the importance of practicing a strict code of confidentiality, we must request that you read and sign the below statement.

I fully understand the importance of following the confidentiality code and further understand that disclosure of any information regarding a patient and/or his/her condition may be a violation of federal or state law. I also understand that unauthorized disclosure of confidential information may lead to immediate dismissal from employment/volunteer services/camp activities.

It is the policy of Three Rivers Area Health Education Center (AHEC) and The Hughston Foundation to ensure that the information obtained through our various programs and activities on employees, Board of Directors, volunteers, preceptors, participants, youth, and other individuals or organizations are treated as confidential and stored in secure electronic and/or on-site storage systems. This information is provided by individuals to Three Rivers AHEC and The Hughston Foundation for the purpose of communication between them and organizations previously listed.

This information will not be released to outside parties without the knowledge or consent of the individuals involved.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

NON-REFUNDABLE DISCLAIMER

Parent/Guardian agrees to pay a nonrefundable **Early Registration fee of \$200 (deadline April 15, 2022) or Registration fee of \$225 (deadline May 16, 2022) (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.

I hereby acknowledge that I have been informed in writing of the requirement for payment of a nonrefundable fee for the 2022 Scrubs Camp. I hereby give my informed consent to payment of this nonrefundable fee.

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHY/VIDEO RELEASE

I give permission to Three Rivers AHEC, The Hughston Foundation, Mercer University School of Medicine to use my child's picture for the purpose of promoting Summer Camps and/or activities.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

In the event that your child should need medical attention while attending the Scrubs Summer Camp, we will attempt to contact you first. However, if you cannot be reached we would appreciate your permission to treat your child at the nearest Emergency Care Facility.

Application package and payment should be returned no later than midnight May 16th, 2022 to The Hughston Foundation ATTN: Belinda Klein, bklein@hughston.com P.O. Box 9517, Columbus, GA 31908, (706) 494-3326 or Fax: (706) 494-3379. Make checks payable to The Hughston Foundation.

Parent/Guardian Signature _____ Date _____

Father's Name _____

Work Phone: _____ Cell Phone: _____

Mother's Name _____

Work Phone: _____ Cell Phone: _____

Family Physician _____ Physician Phone: _____

Is the participant allergic to latex? Yes ____ No ____

Taking any medication? Yes ____ No ____ If yes, please list:

Do you have any physical disabilities or restrictions that would need consideration when planning the summer camp? Yes ____ No ____ If yes, please indicate.

If you have any particular food preferences or if you have any food allergies, please feel free to bring your own meals and snacks to camp.

HEALTH CAREER INTEREST QUESTIONNAIRE

1. I am interested in a health career because...

2. Participating in the Scrubs Camp will help me ...

3. Would you be able to provide your own transportation for an off-campus shadowing experience in the Columbus area? Yes ___ No ___

4. Rank by priority the health career areas you are most interested in:

a. _____	c. _____
b. _____	d. _____

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

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

Application package and payment should be returned no later than midnight May 16th, 2022 to The Hughston Foundation ATTN: Belinda Klein, bklein@hughston.com P.O. Box 9517, Columbus, GA 31908, (706) 494-3326 or Fax: (706) 494-3379. Make checks payable to The Hughston Foundation.



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 16th, 2022 to The Hughston Foundation ATTN: Belinda Klein, bklein@hughston.com P.O. Box 9517, Columbus, GA 31908, (706) 494-3326 or Fax: (706) 494-3379. Make checks payable to The Hughston Foundation.

Additional information:

Camp Agenda: The full 4 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) and Mercer University School of Medicine.

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.

Participant numbers will be limited to assist with sanitation and social distancing guidelines.

Hand washing and sanitizing stations will be accessible to participants.

Individuals will be required to wear face coverings at **all** times except for when eating and drinking (environment will be suitable for individuals to be 6 feet apart).

If a camp participant experiences symptoms of COVID-19 or have been exposed to the coronavirus prior to or during the camp dates, please contact camp organizers to assist with current quarantine protocols and possible partial registration fee refund.

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 16th, 2022 to The Hughston Foundation ATTN: Belinda Klein, bklein@hughston.com P.O. Box 9517, Columbus, GA 31908, (706) 494-3326 or Fax: (706) 494-3379. 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 - 2022 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.*

2022 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 independently? Yes No

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 _____

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

Camper Name: _____	Birth Date: _____
Address: _____	Gender: _____
City/State/Zip: _____	Age: _____
Home Phone: _____	Facilities and/activities: <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
Cell Phone: _____	
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.

Signature of Camper (if 18 or older)

Date

Signature of Parent or Guardian

Date