



Virtual on Saturday, February 20, 2021

REGISTRATION DEADLINE: February 10, 2021

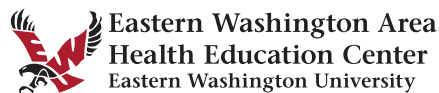
TO REGISTER FOR SCRUBS CAMP:

1. Visit www.ewu.edu/scrubscamp to complete your online registration.
2. Complete and sign the attached releases.
3. Return your signed releases to the EWAHEC via:
 - a. Scan and email to Jeff Wieck (jwieck@ewu.edu)
 - b. Fax to Krista Loney at 509.828.1285
 - c. Take pictures with your phone and email to jwieck@ewu.edu
 - d. Mail to:
EWAHEC
Attn: Jeff Wieck
668 N. Riverpoint Blvd, Room 237
Spokane, WA 99202

You must complete both parts of registration to attend Scrubs Camp.

**If the EWAHEC does not have your releases,
your participation kit will not be mailed.**

Scrubs Camp is Sponsored By:



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U77HP03022, for the WWAMI Area Health Education (WWAMI AHEC) Program Office and its five regional Centers in the total amount of \$840,630 for the 2020-2021 fiscal year (with a 1:1 total match of \$840,630 from non-federally funded governmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The Scrubs Camp is designed to be an educational function, and is being offered virtually in response to COVID-19 school closures. I understand that:

1. This camp will be conducted online via Zoom. I understand that it is my responsibility to log on and participate from my home.
 2. I understand that if I register and am unable to participate, it is my responsibility to notify the EWAHEC so that they can give my spot to another student and do not ship my supply kit.
 3. I understand that a supply kit will be mailed to me. It is my responsibility to use items in this kit and return them in working condition, using the prepaid label that I was provided.
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Your signature below authorizes the Eastern Washington University Area Health Education Center (EWU AHEC) and Eastern Washington University (EWU) to collect all information contained in this registration application. This information will be maintained and referenced periodically to evaluate the effectiveness of the Scrub Camps. Students participating in the Scrub Camps may be contacted in the future for evaluation purposes. Registration information may also be used for recruitment/admissions activities.

By signing below, Student and Parent/Guardian grant EWU and the Scrubs Camp permission to take pictures/video of us and grant them an irrevocable right and license to use such pictures/videos for publicity, news, or advertising in any form. The facilitators of the Scrubs Camps are released from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy, or any claim based on the use of said material.

Due to the nature of this camp, students may be exposed to latex, finger stick blood sampling, and other elements of a basic physical exam. For finger stick blood sampling, students will prick their own finger – in a supervised lab setting – and use their blood sample for typing and/or other examination procedures. By signing below, the student's parent/guardian acknowledges and accepts these possible risks. I understand that I must complete the Consent, Assumption of Risk, Waiver and Indemnity Agreement on the following page in order for my child to participate in the Scrubs Camp.

CONSENT, ASSUMPTION OF RISK, WAIVER AND INDEMNITY AGREEMENT FOR MINORS EWAHEC / Scrubs Camp

This form is required for children who wish to participate in Scrubs Camp. Minors cannot participate in Scrubs Camp without the minor's parent/guardian signing this form.

For and in consideration for the opportunity for his/her child to participate in this activity, the below parent/guardian voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my child's participation in Scrubs Camp.
2. I understand and acknowledge that this activity includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, exposure to latex, finger stick blood sampling, and other elements of a basic physical exam. I voluntarily choose to allow my child to participate in this activity with full knowledge that the activities may be hazardous. I voluntarily assume full responsibility for any risks of injury, loss, or property damage.

3. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself or my child, or any property belonging to me or my child, while participating in such activity or any activities related to this event. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this activity on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my child's participation in this activity.

4. I certify that my child is in good health and has no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect their safety, or the safety of others, related to my child's participation in this activity. I further understand and acknowledge that:

- a. I should consult with a medical professional to confirm my child's fitness for participation in this activity;
- b. If my child has a prescription for medications or is taking over the counter medications, I should confirm with my child's medical provider whether the medications will impact my child's participation in the activity; and,
- c. My child should not participate in the activity while under the influence of any medication that may impact his/her ability to safely participate.

Parent/Guardian Signature: _____ Date: _____

Print: _____

Student (if 18 and over) Signature: _____ Date: _____

Print: _____