

Behavior Policy

- I will be respectful of all individuals (other students and adults) while at Scrubs Camp. This includes observing the 10 p.m. curfew and being on time for all Camp sessions and activities.
- I will not use my cell phone during camp activities and sessions. If I am caught using the phone during an activity/session it will be taken away for the remainder of the day and returned after dinner.
- I will be respectful of all public and private property, including Winona State University residence halls and classroom spaces.
- I will not use alcoholic beverages, tobacco products, or illicit drugs of any kind while at Camp. I will not use drugs unless prescribed by a licensed physician, in which case a medication form needs to be filled out at check-in. Medications must be administered by Camp staff.
- I will keep my Camp counselor informed of my whereabouts and will not leave the Winona State University campus without the supervision of Camp staff.
- If I drive myself to Camp, I will be expected to turn in my car keys for the week for safety and liability reasons.
- I will wear my Scrubs Camp identification badge and/or my scrubs top at all times.
- **I understand that I could be sent home if in violation of any of the rules above.**

Student Signature

Parent/Guardian Information (all fields are required)

First Name

Last Name

Street Address

City

State

Zip

Home Phone

Cell Phone

Parent email address

What is the best way to contact you? _____

Parent/Guardian Signature

Registration form, liability waiver and photo waiver MUST be completed and signed for student to participate.

Liability Waiver

I have agreed to allow my child to participate in the SCRUBS Camp. I understand that as part of the Camp, my child may have the opportunity to participate in various other activities such as hiking and other outdoor activities. I am aware of the dangers and risks to person and property that may be caused while participating in these activities. Risks associated with participation in these activities include, but are not limited to, loss of or damage to personal property, bodily injury, or even death. All such risks are known, understood, and assumed by me.

In consideration of the University's agreement permit my child to participate in these activities, I agree as follows:

1) I represent and warrant that my child is covered by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries I sustain or experience, and provides coverage for emergency medical evacuation and for repatriation of remains. By my signature below, I certify that I have confirmed that my health insurance policy will adequately cover my child; and, I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expenses, emergency evacuation expenses, and repatriation related expenses that my child incurs while participating in the Camp.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) ("Releasees") from any and all liability whatsoever for any and all damages, losses or injuries (including death) my child sustains to person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my child's participation in the trip and/or any travel incident thereto, whether caused by the negligence of the Releasees or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Releasees.

3) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my child's participation in the Camp.

4) I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that I am the parent or legal guardian of the minor child(ren) listed above and that by signing it am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Signature (parent/guardian signature if participant is under 18)

Name (Printed)

Date

Photo Waiver

I consent to allow Winona State University ("University") to photograph me and/or my minor child(ren) listed below. WSU may produce publications and/or promotional materials which may involve the use of my and/or my minor child(ren)'s likenesses. Such publications will be used for non-commercial educational, exhibition, promotional, advertising, or other purposes by the University and will not be sold to other entities and/or agencies. Such materials may be copied, copyrighted, edited, and distributed by the University.

I understand that my and/or my child(ren)'s likeness/image may be used in the manner described above, and grant the University the right to use and reuse, in any manner at all, the still photograph productions and/or publications as described above. I hereby forever release and discharge the University from any and all claims, actions and demands arising out of or in connection with the use of said still photograph, including without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licensees and legal representatives of the University, as well as the party(ies) for whom the University took the still photograph.

I represent that I have read the foregoing and fully and completely understand the contents hereof.

Signature (parent/guardian signature if participant is under 18)

Name (Printed)

Date

Registration form, liability waiver and photo waiver MUST be completed and signed for student to participate.

KEEP THIS PAGE FOR IMPORTANT INFO!!!

Registration checklist:

- 1) Read and complete pages 1-3 legibly.
- 2) All highlighted areas must be signed.
- 3) Make sure to give us an email address; this is how we prefer to communicate with you. Our email address is camps@winona.edu
- 4) Mail registration form (pages 1-3) and payment* to:

Winona State University/Scrubs Camp
PO Box 5838 – Tau 137
Winona, MN 55987

- *You can mail your full payment of \$430 now or send us the \$30 non-refundable processing fee to hold your spot.
- The balance of \$400 will be due May 15; you will receive an email reminder.
- Checks should be payable to *Winona State University*.
- You also have the option to make a secure credit card online payment for the full \$430 (for details, go to www.winona.edu/summercamps).

Scholarships in the amount of \$400 are available on a limited basis for first time applicants.

Scholarship applications can be found on our website www.winona.edu/summercamps and should be mailed with the registration form and the \$30 processing fee; the processing fee will be reimbursed if you are not awarded a scholarship and do not attend camp.



facebook for updates and reminders, join *Scrubs Camp* on Facebook.

**Questions? Call 507-474-3900 or email camps@winona.edu
Contact number during Scrubs Camp: 507.993.6772**

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