

Linn-Benton

COMMUNITY COLLEGE

Health Occupations/Services Education Center

LBCC Summer Health Careers Academy Application

June 15, 16 & 17, 2009
9:00 am – 3:30 pm

Required Personal Information:

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Emergency Contacts: _____ Phone: _____

_____ Phone: _____

Required Educational Information:

Middle or High School currently attending: _____

City: _____

Current year in school: 8th 9th

Have you attended a previous Summer Health Careers Academy at LBCC? Yes No

Would you prefer a vegetarian lunch? Yes No

Please indicate your t-shirt size: Sm Med Lg XL XXL

Style: standard adult cotton t-shirt.

For the following questions please use the space provided and/or the back of this page.

Why are you interested in Health Careers?

What are your expectations for the Health Career Academy? In other words, what do you expect to get out of this Academy?

Parent Transportation to and from Academy Agreement:

I understand that it is the family's responsibility to provide transportation to and from Linn-Benton Community College and/or the field trip site (if pre-arranged) to ensure the student's participation for all 3 days of the Summer Health Careers Academy.

Parent Signature: _____ Date: _____

I certify that the information given in this application is true and correct.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

DEADLINE: Your application must be postmarked by **May 28, 2009** and must include:

1. Completed Application including:

- 3-page application**
- Signed Liability Waiver & Indemnification Form** (Parent/Guardian & Student)
- Parent/Guardian Release**

2. \$10 Deposit

(This will be refunded if you are not selected to attend the Summer Academy due to cancelation or exceeded interest)

***Please note that this Summer Academy is limited to 20 students.**

Send the above requested materials to: Attention: Dorothy Fisk
Linn-Benton Community College
HOSEC, WH-120
6500 Pacific Blvd. SW
Albany, OR 97321

For questions please call (541) 917-4512 or email dorothy.fisk@linnbenton.edu.
In case of emergency, contact Linn-Benton Community College Security at 541-926-6855.

Confirmation of Acceptance:

You will be notified by **June 6, 2009** whether you have been accepted into the Summer Health Careers Academy.

LINN-BENTON COMMUNITY COLLEGE
**INFORMED ACKNOWLEDGMENT OF HAZARDS AND RISKS
LIABILITY WAIVER & INDEMNIFICATION FORM**

PLEASE READ CAREFULLY BEFORE SIGNING

Class/Club: Summer Health Career Academy **Dates:** June 15, 16 and 17, 2009

Location: LBCC, Samaritan Health Services, and businesses located in Linn and Benton County.

WARNING of RISKS

Participation in any class or club activity may involve injury of some type to either yourself or a fellow student. Such injury can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually accidentally inflicting injury to another. The severity of such injury can range from a minor injury to complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living and generally to enjoy life.

Injuries in a Health Career Summer Academy Class commonly might occur to fingers/hands, or other areas of the skin or bodily parts. Students will be dissecting chicken wings using scalpels, performing finger microcapillary sticks using lancets, and riding in automobiles with college-employee drivers. Students will also be practicing other health care skills such as lifting and turning other students with pretend mobility limitations. Injuries may result from a motor vehicle accident; from lifting, twisting or turning incorrectly; slip/trips or falls; from correct or incorrect performance of techniques used in class; from misfitted or worn equipment; from the administration of first aid; from failing to follow training, safety or other rules. This list is non-exhaustive and is provided by way of illustration of risks or injuries that may be incurred. You are encouraged to have a complete physical examination prior to attending this class or club activity, especially if you have health problems or considerations due to injury, illness or age.

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with participation in this class and to aid you in making a voluntary and informed decision as to whether you (or your child or ward) should participate in this class or activity. As a student or a parent/guardian of a student, it is your responsibility to learn about and/or to inquire of teachers, physicians, attorneys or other knowledgeable persons about any concerns that you might have at any time regarding student safety and the safety of this class or club activity. You may seek legal counsel before signing this form.

If you decide to participate, by your signature you hereby agree to indemnify and hold harmless Linn-Benton Community College including its officers, employees and agents against any/all claims, damages, demands, liabilities and costs incurred including attorney's fees, which might be made by the undersigned or any third party as a result of damage, injury or death suffered. This agreement shall be binding upon the heirs, successors, and assigns of the undersigned. I understand and acknowledge that signing this agreement

severely limits my legal rights, and as such, I have been encouraged above to seek legal counsel before signing.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE THIS FORM MUST BE SIGNED BY BOTH THE PARENT / LEGAL GUARDIAN AND THE STUDENT.

PARENT / LEGAL GUARDIAN (if student is under 18 years of age): I have read the above WARNING and I understand that this class may potentially involve the RISK OF INJURY OR DEATH and that by permitting my child/ward to participate in this class they may be subject to the possibility of injury or death. I acknowledge that I do understand the contents of this form and I voluntarily choose to permit my child/ward to participate and by my signature do hereby release, indemnify and hold the college, its officers, employees and agents harmless from any claims, damages, demands, liabilities and costs incurred including attorney's fees. **I understand and acknowledge that I have been encouraged to seek legal counsel before signing this document and that by signing this form I am severely limiting my legal rights.** A complete copy of this form will be provided to me upon request.

Parent/Guardian's Printed Name

Signature

Date

STUDENT: I HEREBY ACKNOWLEDGE THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION AND WARNING of RISKS **and that I voluntarily choose to participate and that I intend to learn and follow all safety procedures. I understand and acknowledge that I have been encouraged to seek legal counsel before signing this document and that by signing this form I am severely limiting my legal rights.** A complete copy of this form will be provided to me upon request.

Student's Printed Name

Signature

Date



HOSEC
6500 Pacific Boulevard SW
Albany, OR 97321
(541) 917-4512
www.linnbenton.edu/go/hosec

PARENT/GUARDIAN RELEASE FOR _____
(Name of Student)

Please read carefully and sign.

(Applications without this section completed will not be considered for enrollment in the academy.)

____ YES ____ NO My son/daughter may participate in field trips that are part of this academy. Transportation will be provided by the academy sponsors. Field trips will be to local business and industry sites located in Linn and Benton counties, such as Samaritan Services facilities in Lebanon and Corvallis.

____ YES ____ NO Photographs and/or other forms of electronic images of my son/daughter may be used by academy sponsors for publicity or promotion purposes.

In case of emergency contact:

Name

Telephone

Name

Telephone

Parent/Guardian Printed Name

Signature

Date