

ANATOMY CENTERED EDUCATION AND SCIENCE (A.C.E.S.)
LOGAN UNIVERSITY'S COLLEGE OF HEALTH SCIENCES

Thank you for your interest in the A.C.E.S. Summer Workshop for High School Students. The program date is:

June 26-30, 2017

Please review the following required forms with your application by May 30, 2017.

PLEASE NOTE: Your application will not be considered until all materials are received.

APPLICATION CHECKLIST

All required forms must be completed and submitted with your application by May 30, 2017.

Documents included in this packet:

- CONTACT INFORMATION SHEET**
- RELEASE AND AGREEMENT TO RULES**
- SAFETY PROCEDURES IN THE LABORATORY**
- MEDICAL INFORMATION**
- EMERGENCY MEDICAL AUTHORIZATION**
- CONFIDENTIALITY STATEMENT**
- ASSUMPTION OF RISK AND RELEASE AGREEMENT**
- PHOTO AND MEDIA RELEASE FORM (Optional)**

Documents that need to be added to application:

- A PERSONAL STATEMENT ABOUT YOURSELF AND YOUR INTEREST/GOALS IN THE WORKSHOP (200 WORD MINIMUM)**
- ONE LETTER OF RECOMMENDATION FROM A TEACHER OR SCHOOL ADVISOR/COUNSELOR**
 - Check if being sent under separate cover.
- TRANSCRIPT (A GPA of 2.5 or greater is preferred)**
 - Check if being sent directly from school.
- CHECK FOR \$100.00 DEPOSIT (refundable is cancelled prior to May 1, 2017)**

MADE CHECK PAYABLE TO: Logan University

Please return all materials to: Logan University-A.C.E.S. Coordinator/Kristen Keele-1851 Schoettler Road-Chesterfield, MO 63017

Questions may be directed to: Kristen Keele at Kristen.Keele@logan.edu or 636-230-2470.

CONTACT INFORMATION SHEET

Participant's Name: _____
 First Middle Initial Last

Participant's Address: _____

Participant's Email: _____

Participant's Cell Number: _____

Gender: Male Female

Grade level as of fall 2017: High School Sophomore Junior Senior College Freshman

Participant's School: _____

Shirt Size: Small Medium Large X-Large 2XL

Parent/Legal Guardian's Name: _____
 First Middle Initial Last

Parent/Legal Guardian's Cell Phone Number: _____

Parent/Legal Guardian's Email: _____

RELEASE AND AGREEMENT TO RULES

As parent or guardian of _____ (student's name), I hereby grant permission for the student to attend and participate in the A.C.E.S. Workshop.

I also agree to the following pertaining to the above named student:

1. I understand that transportation to and from A.C.E.S./Logan University must be arranged by the student and/or family. I further understand that in case of problems of illness, disruptive behavior, or other sudden circumstances, I will be responsible for transportation home at any time when A.C.E.S./Logan University officials deem such dismissal necessary for the benefit of the student or others in the A.C.E.S. Summer Workshop.
2. I understand that it may be necessary for A.C.E.S./Logan University officials to obtain emergency medical assistance in case of accident or sudden illness. I further understand that, in case of accident or illness, I accept responsibility for costs of medical care. I hereby hold A.C.E.S./Logan University and its representatives harmless in the exercise of this authority.
3. I agree to adhere to the rules and regulations concerning students' responsibilities during the A.C.E.S. Summer Workshop. The student will wear appropriate dress at all times at the A.C.E.S./Logan University facility. I understand that the student is expected to maintain an appropriate appearance that is businesslike, neat and clean, as determined by the requirements of the work area. Clothing should be of sufficient length, weight and fit to be modest when performing any activity required. Jeans, shorts, shirts with logos or pictures, tank tops and clothing that reveal bare backs, midriffs, or shoulders are not acceptable attire. I further understand that the director has the right to dismiss any student whose behavior is not consistent with the goals and standards of A.C.E.S./Logan University.
4. I understand the student will observe the dissection of cadaver specimens. I will accept total responsibility and will hold harmless and indemnify A.C.E.S./Logan University against any liability, including all costs and expenses, which may result on account of any injury or sickness suffered or incurred from the use of anatomical specimens.
5. I understand that it may be necessary to leave campus at some point during the A.C.E.S. Summer Workshop, and I retain all responsibility and liability for my own welfare.
6. I agree that the student will participate in the completion of questionnaires and other appropriate and approved research projects done as part of the program's evaluation. I also agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by A.C.E.S./Logan University in reports and public information materials. I further agree to allow A.C.E.S./Logan University to release for educational purposes, photographs, and video recordings, with/without audio, of activities and projects involving the student.
7. I understand that attendance is mandatory; I will arrive on time and notify program staff if sick and unable to attend at any point during the A.C.E.S. Summer Workshop.

A.C.E.S. CODE OF CONDUCT

I understand that participants in the A.C.E.S. Summer Workshop for High School Students must uphold the highest standards of personal conduct in representing A.C.E.S./Logan University I understand that there will be no smoking during the Workshop and I agree that I will not use alcohol or non-prescription controlled substances during the Workshop. I agree not to bring cellular phones and pagers to Workshop activities. I agree to attend all scheduled group activities during the workshop. I also agree to follow the instructions of the A.C.E.S./Logan University staff at all times, participate in all Workshop activities, not leave the workshop group at any time during the Workshop. I understand that an infraction of these rules will result in my immediate dismissal, return home at my expense and forfeiture of all Workshop tuition paid.

Participant: _____ Date: _____
Parent/Guardian: _____ Date: _____

SAFETY PROCEDURES IN THE LABORATORY

One of the first things a scientist learns is that working in the laboratory can be an exciting and rewarding experience. But it can also be quite dangerous if you are not serious and alert and if proper safety precautions are not taken at all times. However, the laboratory is a safe environment in which to work and learn if some general rules are observed and safety precautions are stressed each time an investigation is begun.

Dress Code:

- Tie back long hair to keep your hair away from any chemicals or other lab equipment.
- Do not wear sandals or open toe shoes in the lab. Never walk around the lab barefoot or in stocking feet.

General Safety Rules:

- Be serious and alert when working in the lab. Never "horse around" in the lab.
- Be sure that you understand the procedure to be employed in any lab investigation and any possible hazards.
- Follow the directions exactly as written or spoken. If you are in doubt about any part of the investigation, ask the instructor for assistance.
- Handle tools and equipment CAREFULLY!
- Never eat or taste anything in the lab including food, drinks, candy and gum.
- Wash your hands before and after performing every investigation.
- Keep your lab area clean and free of unnecessary books, papers and equipment.

First Aid:

- Report all accidents, no matter how minor, to your instructor immediately.
- Become aware of the location of the first aid kit. But remember that your instructor should administer any required first aid due to injury.
- Your instructor may call a physician.

Using Sharp Instruments:

- Handle scalpels (or razor blades) with extreme care. Never cut materials toward you: Cut away from you.
- Be careful when handling sharp, pointed objects: such as scissors, pins and dissecting probes.
- Notify your instructor IMMEDIATELY if you cut yourself or receive a cut.

Handling Organisms:

- Treat all body parts of an organism with CARE and RESPECT.
- Wear gloves when handling body parts.

End of Investigation Rules:

- When the signal is given to end the investigation, STOP! Clean up your work area and return all equipment to its proper place.
- Wash your hands after every investigation.

Safety Promise:

This is to certify that I, _____ have received PRINTED INSTRUCTIONS regarding the safety procedures to be followed in the laboratory during the A.C.E.S. Summer 2017 Workshop. I realize that failure to observe these instructions may lead to serious consequences. Therefore, to avoid any injuries to persons or equipment, I PROMISE TO OBSERVE AND OBEY THESE RULES CAREFULLY AND FAITHFULLY.

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

References: Adapted from: Lemmons, Judith, Missouri Secondary Science Safety Manual, Missouri Department of Elementary and Secondary Education, 1990 Miller, Kenneth and Levine, Joseph, Laboratory Manual, Prentice Hall, New Jersey, 1991.

MEDICAL INFORMATION

Participant's Name: _____
 First Middle Initial Last

Participant's Address: _____

Participant's Email: _____

Participant's Cell Number: _____

Gender: Male Female U.S. Citizen: Yes No
 GPA: _____ SAT Score: _____ ACT Score: _____

Mother/Legal Guardian's Name: _____
 First Middle Initial Last

Mother/Legal Guardian's Cell Phone Number: _____

Father/Legal Guardian's Name: _____
 First Middle Initial Last

Father/Legal Guardian's Cell Phone Number: _____

Please complete this section. In the case that medical care is needed, health insurance information is required. If you are not insured, please provide information regarding the procedure you would like followed in the case of an emergency.

Insurance Company: _____

Group or ID Number: _____

Individual Policyholder (name): _____

Participant's Physician: _____

Physician's Phone Number: _____

Please list know allergies and important medical information:

Complete the following. If you answer "Yes" to any item, use the space provided to explain the type of assistance that would be needed. Please attach an additional sheet if necessary.

Physical Handicap: Yes No Assistance Needed: _____
 Psychological Conditions: Yes No Assistance Needed: _____
 Hearing Impairment: Yes No Assistance Needed: _____
 Vision Impairment: Yes No Assistance Needed: _____

Is there any reason why the participant would need special assistance, facilities or arrangements? If so, please specify: _____

EMERGENCY MEDICAL AUTHORIZATION

As parent or guardian of _____ (student’s name), I hereby authorize and give permission to A.C.E.S./Logan University or its duly authorized representative, to act on my behalf and in my stead, should my son/daughter complain of being ill, be injured or require emergency medical treatment. I understand that in the event that my son/daughter complains of being ill or is injured he/she will be taken to a hospital emergency room and examined by an emergency medical physician. I understand that every effort to contact me or my agent will be made as soon as possible and that I will be consulted in the event that hospitalization is recommended. I hold harmless A.C.E.S./Logan University, its directors, employees, and staff from all claims, demands, damages, actions or causes of actions, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to their actions pursuant to this authorization.

Parent/Guardian: _____ Date: _____

Home Phone Number: _____

Mother/Legal Guardian’s Name: _____
First Middle Initial Last

Mother/Legal Guardian’s Work Phone Number: _____

Mother/Legal Guardian’s Cell Phone Number: _____

Father/Legal Guardian’s Name: _____
First Middle Initial Last

Father/Legal Guardian’s Work Phone Number: _____

Father/Legal Guardian’s Cell Phone Number: _____

Additional Emergency Contact

An emergency contact other than the parent/guardian is required in case the parent/guardian is not able to be reached in an emergency. If parent/guardian is not available, whom shall we contact?

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Relationship to Participant: _____

CONFIDENTIALITY STATEMENT

The Health Insurance Portability and Accountability Act Privacy Regulations

As of April 14, 2003, the federal Health Insurance Portability and Accountability Act (HIPAA) provides patient protections in connection with the use and disclosure of their health information, in addition to those protections that already exist under state law. Logan University and College of Health Sciences are committed to protecting the privacy and security of our patients' health information.

By signing this statement, I acknowledge my responsibility under state and federal law and agree not to disclose or share with others, and keep confidential, any information regarding patients and proprietary information of the clinics. I agree that if I have access to patient information, not to reveal to any patient specific information, including that this person is a patient at the Clinics and any information I may learn about the circumstances of the patient's care, and further agree not to reveal to anyone else any confidential information of this Clinic. I agree to comply with any patient information privacy and security policies and procedures of the Clinic.

I further acknowledge that the importance of patient privacy, security and confidentiality has also been verbally discussed with me, and that I had an opportunity to ask questions regarding the Clinic's privacy and security policies, procedures and practices.

I have read and understand the terms of this statement and agree to abide by these terms. Should I choose to reveal confidential patient information to anyone, I acknowledge that the Clinic provided me with the applicable information and training in order to prevent any and all violations of the laws regarding patient privacy, security and confidentiality.

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____

ASSUMPTION OF RISK AND RELEASE STATEMENT

This is a legally binding document

1. I, _____ warrant that I am the parent or legal guardian off _____ (the "Participant"), and in consideration for allowing Participant to take part in A.C.E.S. Summer Workshop, I hereby release, waive, discharge and hold harmless Logan University and College of Health Sciences, its trustees, officers, servants, agents, and employees (hereinafter referred to as Releasees) from any and all liability, claims, demands, actions and/or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or to any property belonging to myself or Participant, whether caused by the negligence of the Releasees, or otherwise, while participating in A.C.E.S. Summer Workshop and related program activities, or while in, on, upon, or on route to or from the location(s) where such activities are being conducted.
2. I am fully aware of risks and hazards connected with the activity of A.C.E.S. Summer Workshop, Including, but not limited to risks and dangers of:

Lab dissections, exposure to cadavers, travelling off-site to view Clinical observation and other various activities.

which I understand could lead to, among other things, loss or damage to property and/or loss, damage, injury or death to Participant. I hereby elect to voluntarily give my permission for Participant to take part in said activity knowing that the activity may be hazardous to Participant. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by Participation, or any loss or damage to property owned by me or in my control, as a result of Participant being engaged in such activity, whether caused by the negligence of Releases or otherwise.

3. I further agree to indemnify and hold harmless the Releases from any direct or indirect loss, liability, damage or costs, including court costs and attorneys' fees that they may incur due to Participant taking part in said activity.
4. It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above-named Releases. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Missouri.
5. Public Relations are an important part of the Logan University Programs. Photographs and video segments are used in various prints and electronic media to recognize members for their work and to let others know what is happening at Logan University and College of Health Sciences. Because a large number of youths are involved in the University's programs, we cannot assure you that your child will not be photographed. We will ask the photographers to honor individual requests not to be photographed. Please visit with your children about your wishes and encourage them to let photographers know that they request not to be photographed.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Agreement, understand all its provisions, and sign it voluntarily as my own free act and deed. I warrant that no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

Participant: _____ Date of Birth: _____

Parent/Guardian: _____ Date: _____

PHOTO AND MEDIA RELEASE FORM

I hereby grant and authorize Logan University d/b/a Logan College of Chiropractic its employees and agents (hereinafter collectively referred to as "Logan") to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") obtained during my enrollment with Logan, and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

Logan shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I agree to indemnify and hold Logan, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees that Logan may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.

I hereby release Logan, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of Logan, its employees or agents.

This agreement shall be governed and construed according to the laws of the State of Missouri.

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____