

Health Careers and Pathway Programs 'Passport Program' Waiver/ Consent Forms

Student and Parent/Guardian Packet

Welcome to the MAHEC Passport Program! The Passport Program offers students the opportunity to gain academic and enrichment hours towards a Certificate of Completion that is recognized by academic institutions and employers in North Carolina, which sets them apart from other students in an increasingly competitive environment. Students can participate in the Passport Program as early as 8th grade. This packet includes forms that must be completed by you, or by you and a parent/ guardian if you are a minor, in order to start the program.

The Mountain Area Health Education Center in Asheville, NC, is a state-sponsored health education institution that services the 16 county Western North Carolina region. We house Family Medicine, Dental, Psychiatry, Internal Medicine, and Ob/Gyn practices on our campus. We train residents from all of those specialties and more, including General Surgery and Pharmacy. We have a vested interest in students who originate from rural Western North Carolina, because they are the future generation of our healthcare workforce, and we aim to be a vital part of that endeavor.

The following packet is for the student and the parent/guardian to review and sign TOGETHER. It is important to read the entire packet and sign where needed, as this will impact participation in all aspects of the Passport Program.

The following forms require signatures, and to be scanned and **emailed** back to MAHEC:

- ☐ Consent and Waiver (2 pages)
- ☐ Code of Conduct (1 page)

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CONSENT AND WAIVER FORMS

CONSENT

I, _____ (Student) and my parent or legal guardian if I am a minor, acknowledge the personal benefits by reason of attending and participating in The MAHEC Passport Program including, without limitation, participating in corresponding activities and events, and voluntarily and without duress consent to my participation in The MAHEC Passport Program activities and events.

WAIVER, CONSENT AND RELEASE

1. **Release, Waiver.** I, my heirs, personal representatives, successors and assigns, in consideration of the benefits I will receive by participating in the Passport Program, release, waive and discharge MAHEC, its employees, officers, directors, successors and assigns (collectively "Released Parties") from all claims or liability of any kind or nature that may directly or indirectly result in personal injury, illness, death or property damage, however caused during the time I am participating in the Passport Program including, without limitation during the time I am participating in Passport Program Activities, all which include, without limitation, any first aid, treatment or service rendered in connection with any injury incurred while participating (individually and collectively "Claim"). I, on behalf of myself, my heirs, personal representatives, successors and assigns agree not to commence litigation, seek arbitration or make a Claim against the Released Parties. If I am under age 18, my parent or legal guardian, by signing below, also consents to my waiver and release and he/she agrees that this waiver and release shall be binding upon him/her as my parent or legal guardian as to me, my heirs, personal representatives, successors and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold MAHEC harmless from any claim asserted by me against MAHEC, including its employees, officers, directors, successors and assigns, if I should repudiate this release after obtaining adulthood.
2. **Assumption of Risk.** I am aware of the risks associated with participating in The MAHEC Passport Program. I voluntarily and expressly ASSUME FULL RESPONSIBILITY FOR ANY RISKS of loss, personal injury, death, illness and property damages which could occur as a result of my Participation in The MAHEC Passport Program.

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3. **Medical Emergency.** In the event of an injury or medical emergency, I consent to receive emergency medical or surgical treatment and hospitalization if necessary. I will be financially responsible for any medical attention needed during The MAHEC Passport Program or resulting from an injury received while participating in The MAHEC Passport Program.
4. **Photographic Consent and Release.** I consent to MAHEC taking and using photographs, images, video, or audio recordings of me or my likeness or voice in connection with my participation in The MAHEC Passport Program. I grant and convey to MAHEC all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice in connection with my participation in The MAHEC Passport Program including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. **Other.** I expressly agree that the provisions in this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that The MAHEC Passport Program Permission Forms in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable.

IN WITNESS WHEREOF, I have executed this Agreement as the day and year set forth below.

STUDENT

Print Name _____ Date: _____

Signature _____

PARENT OR LEGAL GUARDIAN (IF STUDENT IS UNDER 18 YEARS OF AGE)

Print Name _____ Date: _____

Signature _____

Cell Phone Number for Emergency Purposes: _____

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CODE OF CONDUCT

- Make any and all efforts to attend all Passport Program Sessions. Sessions will take place during some school days (with approved absences) after school hours and virtually, which will require internet access. If you anticipate having difficulty with internet access, please contact your Health Career Administrator.
- You should show up to all sessions in a timely manner, no more than 5 minutes after the session is due to start. If you anticipate being late to any session, contact your Health Careers Director or Administrator.
- Check your email at least twice a week as all correspondence will be communicated to you via email.
- During all Passport Program activities, be respectful and considerate to fellow participants, any visiting students, and all presenters.
- For any in-person Health Career Sessions, do not attend if you or someone close to you has tested positive for COVID-19 in the last 10 days, or if you are exhibiting any symptoms of COVID-19.

I understand that not abiding by the above Code of Conduct may result in my not being able to complete The MAHEC Passport Program and therefore will forfeit my spot in The MAHEC Passport Program. I agree to abide by the above Code of Conduct to the best of my ability and will consult my Regional Health Careers Advisor in case of any changes.

STUDENT

Print Name _____ Date: _____

Signature _____

PARENT OR LEGAL GUARDIAN (IF STUDENT IS UNDER 18 YEARS OF AGE)

Print Name _____ Date: _____

Signature _____

Questions? Please feel free to reach out!