

Career Exploration Workshop Registration Form

Due August 6, 2021

Youth Participant's Name: _____ Age: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Phone (2): _____

Email (will email you more information): _____

T-Shirt (circle one) Youth Size - S M L Adult Size - S M L XL XXL

Dietary restrictions or allergies: _____

Special accommodations needed: _____

Parent or Guardian's Name(s): _____

Which class time would you like to participate in? Circle one. 9:00 a.m. - noon **or** 1:30 – 4:30 p.m.

Photo Release

I hereby grant to The Ohio State University and Marion Technical College permission to interview me and/or use my likeness in photograph(s)/video in any and all of their publications and in any and all other media, whether now known or hereafter existing, controlled by The Ohio State University or Marion Technical College, in perpetuity, and for other use by The Ohio State University or Marion Technical College. I will make no monetary or other claim against The Ohio State University or Marion Technical College for the use of the interview and/or the photograph(s)/video(s).

Name (print full name): _____ Date: _____

Signature: _____

Relationship to subject (if subject is a minor): _____

Address, city, state, zip code (if different than above): _____

Checks made payable to **The Ohio State University**

Send check and registration form to:

OSU Extension – Morrow County

5362 US Highway 42, Suite 101

Mt. Gilead, Ohio 43338

_____ \$15 Morrow or Marion County Resident

_____ \$30 Non-Morrow or Marion County Resident

Questions? Contact Amanda Staley, staley.35@osu.edu or 419.947.1070



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
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Marion
Technical College

INFORMED CONSENT & PERMISSION TO PARTICIPATE

2021 Career Exploration Workshop – Nursing

I understand that my child, _____, will participate in the Career Exploration Workshop at Marion Technical College on August 16, 2021. I also understand that participation in this activity is strictly voluntary.

I am aware and have discussed with my child that:

A. Participants are expected to follow instructions of adult instructors/coordinators/volunteers throughout the workshop;

B. Participants are expected to fully participate in activities outlined by adult instructors/coordinators/volunteers;

C. Participants are expected to respect each other, and people that they may come in contact with during the workshop;

D. Youth will be working with needles and other healthcare related equipment. Youth will always be supervised by an adult instructor. However, accidents could occur and result in personal injuries from collisions, or acts by others or objects.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks.

I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Important: If your child has been in contact with someone that has had COVID-19 in the last 14-days or if they are sick, please do not have them attend this event!

However, we would love to have them attend next year 😊

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____



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