



# Ridgewater College

## Scrubs Camp Application

### June 8-10, 2026

**Registration deadline: May 29, 2026**

Send completed applications to: [kelly.mccluremork@ridgewater.edu](mailto:kelly.mccluremork@ridgewater.edu)

Student Information	
Student Name:	Parent/Legal Guardian's Name:
Preferred Name:	
Student Date of Birth:	<b>Parent/Legal Guardian's Contact Information</b>
Age:	Work Phone:
Gender:	Call Phone:
Grade this fall (2026-2027 academic year):	May we text you (No spam or promotional info will be sent. Only for questions/situations related to Scrubs Camp):
What school do they attend?	Email:
<b>Home address</b>	<b>Emergency Contact Information (if parents or guardians are not available/unreachable)</b>
Street:	Name:
City:	Phone:
Zip code:	
Media Release	
<p>Ridgewater College will be documenting the 2026 Scrubs Camp during the session through audio, video, written language, and/or photography. By signing below, I authorize Ridgewater College to use audio, video, written language and/or photos obtained during the camp that may feature my child for display, advertising, publications, or any other lawful purpose.</p>	
<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p><i>Parent or Legal Guardian's Signature</i></p> </div> <div> <p>_____</p> <p><i>Date</i></p> </div> </div>	
<p><input type="checkbox"/> No thank you, we decline.</p>	

**\*\*Please complete page 2 of this document\*\***

## Food Allergies

We will be providing lunch on Monday, Tuesday, and Wednesday at no cost to students. In planning for our meals, does your student have any food allergies that we need to consider?

Does your student carry an epi-pen? ☐ Yes ☐ No

## Transportation

Ridgewater College is unable to provide transportation for students to Scrubs Camp, and is the responsibility of the family. How will your student be getting to camp each day?

- ☐ They will drive themselves
- ☐ They will be dropped off by me (their parent)
- ☐ They will be getting to camp on their own, but not driving (walking, KAAT bus, riding a bike, etc)
- ☐ They will carpool with another Scrubs Camp Student

Name of student:

Do you authorize any other adult to pick up your student should alternative transportation need to be arranged? ☐ Yes ☐ No

If yes, please list the adult(s) and their phone number(s) below:

## Other Important Student Information

Please list any additional information that you'd like us to know regarding your student:

## Liability Waiver *Required for all students participating*

Please review the liability waiver (page 3 & 4 of this application), sign and date it, and include it with your completed application. Students who do not have a completed waiver on file will not be able to participate in Scrubs Camp.

## Parent/Legal Guardian's Signature

I acknowledge that my student has permission to participate in Ridgewater College's Scrubs Camp.

\_\_\_\_\_  
*Parent or Legal Guardian's Signature*

\_\_\_\_\_  
*Date*

# **Ridgewater College Scrubs Camp**

## **Willmar Campus**

### **Waiver of Liability, Indemnification, and Medical Release**

To be signed by the parent or other legal guardian of each participant in the Ridgewater College Scrubs Camp.

#### ***READ CAREFULLY BEFORE SIGNING***

I have agreed to register my child \_\_\_\_\_ for the Ridgewater College Scrubs Camp conducted by Ridgewater College, Willmar, MN ("College"). My child's participation in the program is wholly voluntary.

The Ridgewater College Scrubs Camp consists of career exploration and enrichment activities for health care careers for children who will be entering the 9th—12th grades for the 2026-2027 academic year. Children will learn about the various health care offerings through hands-on, interactive sessions. I am aware that there may be risks to my child while participating in camp activities, including but not limited to, physical injury or property damage. I understand and accept all camp-related risks.

In consideration of the College's agreement to permit my child to participate in this program, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1. My child and I have discussed safety rules and regulations. My child agrees to abide by the safety and other rules set by the course instructor. Failure to do so will disqualify my child from further participation.
2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the College, the State of Minnesota, 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) I or my child sustain 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 Scrubs Camp Program 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 College, Minnesota State Colleges & Universities, and the State of Minnesota 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 attorney's fees, which arise out of, occur during, or are in any way connected with my child's participation in the Scrubs Camp Program.

4. I hereby consent to allow my child to receive medical treatment that may be deemed advisable in the event of injury, accident or illness during the Scrubs Camp. I hereby acknowledge my obligation to pay for any such reasonably necessary medical treatment that may be provided to my child by licensed healthcare professionals and facilities.

I agree that this Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, and that I am the parent or other legal guardian of the Participant named above. I understand that by signing this agreement, I am giving up substantial legal rights that I or my child might otherwise have, and that I have signed this Waiver, Release and Indemnification Agreement knowingly and voluntarily.

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*Signature of Parent or Other Legal Guardian of Participant*

*Date*

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*Printed Name*