



# MINOR CONSENT AND RELEASE FORM

Students Under Age 18

**INSTRUCTIONS: Completed Consent and Release Forms should be delivered to MAHEC, Talent Management Department 121 Hendersonville Road, Asheville, NC 28803. Fax: (828) 257-4710. E-mail: asktalent@mahec.net**

The following Consent and Agreement is designed to protect all participants engaging in a Mountain Area Health Education Center, Inc. (MAHEC) sponsored Internship, Shadow, and/or other Educational Program including students, faculty, staff, MAHEC and the agencies and individuals participating with the organization. You, as the student participant, must sign this form, with parental or guardian authorization if you are under the age of eighteen (18) at the start of the Program, to indicate agreement and permission to

## AFFILIATE (STUDENT PARTICIPANT) MINOR INFORMATION

LEGAL NAME (FIRST) (MIDDLE) (LAST) (DOB)

POSITION TITLE

PROGRAM NAME

## GUARDIAN / PARENT CONTACT INFORMATION

LEGAL NAME (FIRST) (MIDDLE) (LAST)

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

TELEPHONE NUMBER

E-MAIL ADDRESS

## ACKNOWLEDGEMENT

By SIGNING and INITIALING below, I affirm that I am the parent, guardian or other person legally authorized to give permission for this minor \_\_\_\_\_ hereto referred to as the "Applicant," to participate in MAHEC-sponsored Internship, Shadow, or other Educational Program ("Program"). I release and discharge MAHEC and its departments, officers, employees, and agents (hereinafter referred to as "MAHEC"), from any and all claims, damages, losses or expenses of whatever kind or nature which I may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the Program. I also release and discharge MAHEC from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may acquire arising

out of or resulting from, directly or indirectly, their participation in the Program. I furthermore agree to defend and indemnify and hold harmless MAHEC against any claim, damage, loss or expense of whatever kind or nature that \_\_\_\_\_ may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Program.

\_\_\_\_\_ I acknowledge that the Applicant will be supervised, but that there are inherent risks in the medical office environment that could result in injury or death.

\_\_\_\_\_ I acknowledge that the Applicant will be subject to background check screenings to include criminal history and federal databases.

\_\_\_\_\_ I acknowledge that I have reviewed all materials contained in the application package and that I consent to all the terms and provisions of the Affiliate relationship as part of this MAHEC-sponsored Program. I understand that the Applicant can withdraw their application at any time prior to selection and can withdraw from the Program at any time. I further understand that any questions or concerns I have regarding the Program can be directed to MAHEC Talent Management at 828-257-4488.

**TRANSPORTATION PERMISSION**

\_\_\_\_\_ The applicant has permission to drive to and from Program related events on MAHEC's campus, locations or offsite during their educational program assignment. Permission is only valid during the length of the student's program assignment.

**PICK-UP AUTHORIZATION**

The following person(s) are authorized to pick up the applicant from the Program. I understand that I or any designated individual below may be asked for ID at pick-up for safety reasons. You do not need to include the parent/guardian in the list below.

Not Applicable

Not Applicable, Minor has permission to commute to/from Program on their own.

NAME	RELATIONSHIP	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**COMMUNICATION PERMISSION**

\_\_\_\_\_ I hereby grant permission to MAHEC Program Coordinators or Representatives to utilize the following electronic forms of communication directly with the minor via the methods checked below, in order to relay Program-related information.

- E-mail
- Text Messages
- Phone
- Other: \_\_\_\_\_

**PHOTO AUTHORIZATION PERMISSION**

\_\_\_\_\_ I authorize MAHEC to photograph and/or video my child and use the images in official publications and/or productions. I understand that the photos or images/video/interview, etc. specified above and any reproduction and all copyrights associated with the above described information become the property of MAHEC and that I the applicant will receive no compensation for signing this agreement or for my consent to provide or use the information.

**TREATMENT OF A MINOR CHILD**

\_\_\_\_\_ I acknowledge that there are certain risks inherent in this Program. I acknowledge that all risks cannot be prevented, and I understand those risks are beyond the control of MAHEC staff. I represent that the said minor is able, with or without accommodation, to participate in this educational program.

\_\_\_\_\_ I hereby authorize MAHEC’s employee(s) or agent(s) who is/are supervising said minor to act on my behalf in authorizing and consenting to emergency medical care for said minor if they become ill or are injured while participating in the MAHEC-sponsored Program. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required.

\_\_\_\_\_ I acknowledge that MAHEC does not provide health and accident insurance for student learners or affiliates and I agree to be financially responsible for any medical costs incurred as a result of emergency medical treatment.

\_\_\_\_\_ I will notify the MAHEC sponsor in writing if said minor has medical conditions about which emergency medical personnel should be informed.

\_\_\_\_\_ I hereby release and discharge MAHEC from any and all claims of any nature which may arise out of the decision to provide or withhold emergency medical care.

**By signing below, I affirm that I have read this entire release, waiver, and medical authorization in its entirety. I fully understand it and voluntarily agree to be legally bound by the above acknowledgements.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED MINOR APPLICANT NAME

\_\_\_\_\_  
SIGNATURE GUARDIAN / PARENTAL CONSENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED GUARDIAN / PARENT NAME

\_\_\_\_\_  
RELATIONSHIP TO MINOR

**If a child has more than one parent or guardian, singular references should be read as plural. Both parents/guardians must sign and acknowledge this form.**

\_\_\_\_\_  
SIGNATURE GUARDIAN / PARENTAL CONSENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED GUARDIAN / PARENT NAME

\_\_\_\_\_  
RELATIONSHIP TO MINOR