



# MEDICAL E+PLORERS REGISTRATION FORM

PLEASE COMPLETE ALL INFORMATION, TAKE ONLINE HIPAA TEST, AND PAY YOUR \$20 REGISTRATION FEE.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY COUNTY ZIP

HOME PHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_ CELL PHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

GENDER: M F E-MAIL \_\_\_\_\_

**Race (Check one)**

- Caucasian (White)
- African-American
- Hispanic/Latino
- Asian

- Native American
- Pacific Islander
- Other
- Prefer to not answer

**Ethnicity**

Hispanic Yes  
No

Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Name

Address

Phone

Emergency Contact: \_\_\_\_\_

If different than above

Name

Emergency phone number

Health Care Professions you are interested in:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Fee Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

CASH

Check # \_\_\_\_\_

(Make checks payable to Northern Nebraska AHEC)

Go to [www.nnahec.org](http://www.nnahec.org) under Explorers, "Looking for Confidentiality & HIPAA Training" for quiz.

I submitted my test on this date \_\_\_\_/\_\_\_\_/\_\_\_\_.





## **AFFIRMATION AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, the parent of legal guardian of \_\_\_\_\_, a minor child, hereby acknowledge that I am cognizant of and understand that there are inherent dangers in my child participating in the Northern Nebraska AHEC Medical Explorers Program, which includes, but is not limited to encountering experiences which may be relatively new and may be taxing on my child's senses and also being around an environment that has sick and injured patients.

In consideration of my child being allowed to participate in this program, I hereby assume all risk in connection with any of the above mentioned activities, situations and being present at any of the facilities of Northern Nebraska AHEC. I hereby give permission for my child to participate in the Northern Nebraska AHEC Medical Explorer Program and I hereby release Northern Nebraska AHEC, its administration, board of directors, employees, and agents from any and all liability related to my child's participation in the Northern Nebraska AHEC Medical Explorers.

I further state that I am the parent or legal guardian of my child, I am of lawful age, and I am competent to sign this Affirmation and Release of Liability form; that I understand the terms herein are contractual, and not a mere recital; and that I have signed this document as my own free act. I am fully informed of the contents of this Affirmation and Release of Liability, as I have read it before I have signed it.

\_\_\_\_\_  
Signature of Parent of Legal Guardian

\_\_\_\_\_  
Date

### **Photography/ Video Release**

I give permission to Northern Nebraska AHEC and Learning for Life to use my child's picture for the purpose of promoting Medical Explorers and/or Northern Nebraska AHEC activities.

\_\_\_\_\_  
Signature of Parent of Legal Guardian

\_\_\_\_\_  
Date