Thank you for your interest in Anatomy 101 - AIMS 2013 Summer Workshop. The program dates are:

**July 22-24, 2013**

Please review the following key information and return all required forms with your application by April 16, 2013.

**RELEASE, SAFETY, MEDICAL INFORMATION:** No student will be allowed to participate unless these forms have been signed and returned. All must be returned to the attention of AIMS 101, Saint Louis University, 3839 Lindell Blvd. St. Louis, MO 63108.

**WORKSHOP EXPECTATIONS:**

**CLOTHING:** Pants are appropriate for both genders. No jeans, cutoffs, shorts or skirts. Males must wear a shirt with a collar. No halter tops, bare midriff or spaghetti straps. No sandals or open-toed shoes. The workshop faculty are professionals and your dress and manner must reflect a professional environment.

**SMOKING:** There is no smoking in the building or at any off-site facilities visited during the workshop. There is not time scheduled during the workshop for smoking breaks.

**CELLULAR PHONES & PAGERS:** We ask students turn off their cell phones, or at least, to turn off the ringer during the workshop sessions. If a student must answer a call, we ask that they do so during scheduled breaks, unless it is an emergency that they must respond to immediately.

**TRANSPORTATION:** Transportation to all off-site visits will be provided.

**TIME:** Please arrive by 8:00 a.m. the first morning and expect to be dismissed by 3:00 p.m. You will receive a schedule the first day of the workshop. Please note: The arrival and dismissal times may vary depending on the day’s activities.

**ACCEPTANCE:** Participants will receive a letter or email confirming the receipt of their application materials upon arrival. Please complete and mail all the required forms. Incomplete applications will not be processed. Consult the application checklist.

**PAYMENT:** All accepted applicants will be sent an invoice for payment for all fees. Full payment of $225 is required by June 4, 2013 to reserve your spot. Major credit cards or checks are acceptable methods of payment.

**CANCELLATION POLICY:** Applications must include a check or credit card information for $50 to reserve your space. If you decline to attend prior to June 18, 2013 all monies will be refunded. Any withdrawals after June 18, 2013 will result in forfeiture of your $50 deposit.

If you have additional questions, do not hesitate to call Ray Vollmer at 314-977-7377 or e-mail your questions to the AIMS staff at aims@slu.edu.
APPLICATION CHECKLIST

All the forms listed below must be completed and submitted with your application.

- RELEASE AND AGREEMENT TO RULES
- SAFETY PROCEDURES IN THE LABORATORY
- MEDICAL INFORMATION
- EMERGENCY MEDICAL AUTHORIZATION
- CHECK FOR $50 DEPOSIT MADE PAYABLE TO Saint Louis University

PLEASE NOTE: Your application will not be considered until all materials are received.

PLEASE RETURN ALL MATERIALS TO:  
AIMS 101  
Saint Louis University  
3839 Lindell Blvd.  
St. Louis, MO  63108
As parent or guardian of _____________________________ (student), I hereby grant permission for the student to attend and participate in the Anatomy 101- AIMS 2013 Summer Workshop.

I also agree to the following pertaining to the above named student:

1. I understand that transportation to and from AIMS/PASE must be arranged by the student and/or family. I further understand that in case of problems of illness, disruptive behavior, or other sudden circumstances, I will be responsible for transportation home at any time when AIMS/PASE officials deem such dismissal necessary for the benefit of the student or others in the Anatomy 101 AIMS 2013 Summer Workshop.

2. I agree to adhere to the rules and regulations concerning students' responsibilities during the Anatomy 101- AIMS 2013 Summer Workshop. The student will wear appropriate dress at all times at the AIMS/PASE facility. I understand that AIMS/PASE has the right to dismiss any student whose behavior is not consistent with the goals and standards of AIMS/PASE.

3. I understand the student will observe the dissection of cadaver specimens.

4. I agree that the student will participate in the completion of questionnaires and other appropriate and approved research projects done as part of the program's evaluation. I also agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by AIMS/PASE in reports and public information materials. I further agree to allow AIMS/PASE to release for educational purposes, photographs, and video recordings, with/without audio, of activities and projects involving the student.

AIMS 2013 Code of Conduct

I understand that participants in the Anatomy 101- AIMS 2013 Summer Anatomy 101 Workshop must uphold the highest standards of personal conduct in representing AIMS/PASE. I understand that there will be no smoking during the Workshop and I agree that I will not use alcohol or non-prescription controlled substances during the Workshop. I also agree to follow the instructions of the AIMS/PASE staff at all times, participate in all Workshop activities, and not leave the workshop group at any time during the Workshop. I understand that an infraction of these rules will result in my immediate dismissal, return home at my expense and forfeiture of all Workshop tuition paid.

Participant ___________________________________________ Date ______________________

Parent or Guardian _______________________________________ Date ______________________

Without parent/guardian consent, the student cannot participate in the Anatomy 101- AIMS 2013 Summer Workshop.

Revised 2012
SAFETY PROCEDURES IN THE LABORATORY

One of the first things a scientist learns is that working in the laboratory can be an exciting and rewarding experience. However, the laboratory can also be quite dangerous if you are not serious and alert and if proper safety precautions are not taken at all times. The laboratory is a safe environment in which to work and learn if some general rules are observed and safety precautions are stressed each time an investigation is begun.

GENERAL GUIDELINES

ARE: DRESS CODE:
* Tie back long hair to keep your hair away from any chemicals or other lab equipment.
* Do not wear sandals or open toe shoes in the lab. Never walk around the lab barefoot or in stocking feet.

GENERAL SAFETY RULES:
* Be serious and alert when working in the lab. Never "horse around" in the lab.
* Be sure that you understand the procedure to be employed in any lab investigation and any possible hazards.
* Follow the directions exactly as written or spoken. If you are in doubt about any part of the investigation, ask the instructor for assistance.
* Handle tools and equipment CAREFULLY!
* Never eat or taste anything in the lab including food, drinks, candy and gum.
* Wash your hands before and after performing every investigation.
* Keep your lab area clean and free of unnecessary books, papers and equipment.

FIRST AID:
* Report all accidents, no matter how minor, to your instructor immediately.
* Become aware of the location of the first aid kit. But remember that your instructor should administer any required first aid due to injury.
* Your instructor may call a physician.

USING SHARP INSTRUMENTS:
* Handle scalpels (or razor blades) with extreme care. Never cut materials toward you: Cut away from you.
* Be careful when handling sharp, pointed objects: such as scissors, pins and dissecting probes.
* Notify your instructor IMMEDIATELY if you cut yourself or receive a cut.

HANDLING ORGANISMS:
* Treat all body parts of an organism with CARE and RESPECT.
* Wear gloves when handling body parts.

END OF INVESTIGATION RULES:
* When the signal is given to end the investigation, STOP! Clean up your work area and return all equipment to its proper place.
* Wash your hands after every investigation.

SAFETY PROMISE:
This is to certify that I, ____________________________, have received PRINTED INSTRUCTIONS regarding the safety procedures to be followed in the laboratory during the Anatomy 101- AIMS 2013 Summer Workshop. I realize that failure to observe these instructions may lead to serious consequences. Therefore, to avoid any injuries to persons or equipment, I PROMISE TO OBSERVE AND OBEY THESE RULES CAREFULLY AND FAITHFULLY.

Participant ______________________________________________________________
Date________________________

Parent or Guardian _______________________________________ Date________________________


Revised 2012
MEDICAL INFORMATION

Participant (Full Name) ________________________________________________________________

Street Address _______________________________________________________________________

City __________________________ State ____________ Zip ______________________________

Home Phone No. ___________________________ E-mail Address _______________________________________

Mother’s Name ___________________________ Daytime Phone No. ____________________________

Father’s Name ___________________________ Daytime Phone No. ____________________________

Please complete this section. In the case that medical care is needed, health insurance information is required. If you are not insured, please provide information regarding the procedure you would like followed in the case of an emergency.

Insurance Company _________________________________________________________________

Group or ID Number _________________________________________________________________

Individual Policyholder (Name of person) ______________________________________________

Participant’s Physician ___________________________ Physician’s Phone No. __________________

Physician’s address ___________________________ City _________________________________

State ____________ Zip ____________ Home Phone No. ____________________________

Please list known allergies and important medical information:

Complete the following. If you answer “Yes” to any item, use the space provided to explain the type of assistance that would be needed. Please attach an additional sheet if necessary.

Physical Handicaps ❑ Yes ❑ No Assistance needed ________________________________

Psychological Conditions ❑ Yes ❑ No Assistance needed ________________________________

Hearing Impairment ❑ Yes ❑ No Assistance needed ________________________________

Vision Impairment ❑ Yes ❑ No Assistance needed ________________________________

Is there any reason why the participant would need special assistance, facilities or arrangements? If so, please specify.

❑ Yes ❑ No Special Needs __________________________________________________________________

Please list any medications your child will need to take during the workshop:

Revised 2012
EMERGENCY MEDICAL AUTHORIZATION

As parent or guardian of ____________________________________________ (student’s name), I hereby authorize and give permission to AIMS/PASE/SLU SOM or its duly authorized representative, to act on my behalf and in my stead, should my son/daughter complain of being ill, be injured or require emergency medical treatment. I understand that in the event that my son/daughter complains of being ill or is injured he/she will be taken to a hospital emergency room and examined by an emergency medical physician. I understand that every effort to contact me or my agent will be made as soon as possible and that I will be consulted in the event that hospitalization is recommended. I hold harmless AIMS/PASE/SLU SOM, its directors, employees, and staff from all claims, demands, damages, actions or causes of actions, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to their actions pursuant to this authorization.

__________________________________________________________ Signature of Parent or Guardian

Date ____________________

Home Phone  _________________________

Mother’s Work Phone _________________

Mother’s Cell Phone  _________________

Father’s Work Phone  _______________

Father’s Cell Phone  _________________________

Student’s Cell Phone __________________________

EMERGENCY CONTACT

An emergency contact other than the parent/guardian is required in case the parent/guardian is not able to be reached in an emergency.

If parent/guardian is not available, whom shall we contact?

Name____________________________________________

Home Phone _______________________________

Cell Phone______________________ Work Phone _____________________________

Relationship to Participant ____________________________
SAINT LOUIS UNIVERSITY ASSUMPTION OF RISK AND RELEASE AGREEMENT

THIS IS A LEGALLY BINDING DOCUMENT

1. I, _____________________________, warrant that I am the parent or legal guardian of _____________________________ (the “Participant”), and in consideration for allowing Participant to take part in ____________________________________, I hereby release, waive, discharge and hold harmless Saint Louis University, its trustees, officers, servants, agents, and employees (hereinafter referred to as Releasees) from any and all liability, claims, demands, actions and/or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or to any property belonging to myself or Participant, whether caused by the negligence of the Releasees, or otherwise, while participating in ____________________________________ and related program activities, or while in, on, upon, or on route to or from the location(s) where such activities are being conducted.

2. I am fully aware of risks and hazards connected with the activity of _____________________________, including, but not limited to risks and dangers of:

___________________________________________________________________________________
___________________________________________________________________________________,

which I understand could lead to, among other things, loss or damage to property and/or loss, damage, injury or death to Participant. I hereby elect to voluntarily give my permission for Participant to take part in said activity knowing that the activity may be hazardous to Participant. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by Participation, or any loss or damage to property owned by me or in my control, as a result of Participant being engaged in such activity, whether caused by the negligence of Releasees or otherwise.

3. I further agree to indemnify and hold harmless the Releasees from any direct or indirect loss, liability, damage or costs, including court costs and attorneys’ fees that they may incur due to Participant taking part in said activity.

4. It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above-named Releasees. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Missouri.

5. Public Relations are an important part of the SLU Programs. Photographs and video segments are used in various prints and electronic media to recognize members for their work and to let others know what is happening at SLU. Because a large number of youths are involved in the University’s programs, we cannot assure you that your child will not be photographed. We will ask the photographers to honor individual requests not to be photographed. Please visit with your children about your wishes and encourage them to let photographers know that they request not to be photographed.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Agreement, understand all its provisions, and sign it voluntarily as my own free act and deed. I warrant that no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

_________________________________________________
Full Name and Date of Birth of Participant

_________________________ _____________________________
Date Parent/Legal Guardian

Child Participant Assumption of Risk and Release 00013757-1