APPLICATION FORM
Maya Archaeology Field School in Belize
May 21-June 18, 2015

Name___________________________________________________ WSC ID____________________

Local Mailing Address__________________________________________________________

City, State, & Zip_____________________________________________________________

Phone Numbers_____________________________   ________________________________

Home Cell Phone

E-mail Address______________________________________________________________

Sex: □ M  □ F  U.S. Citizen:  □ Yes  □ No  Date of Birth___/___/___

Passport #___________________________  Expiration Date_______________________

Payment/Cancellation Information:  The cost of the program is $2600 + $400 for tuition. Program costs include 4 credits, accommodations, meals, designated excursions, airport transfers. Program cost does not include airfare, textbooks, personal needs, individual travel, or other activities outside the established program schedule. A $500.00 non-refundable deposit is due with this registration form on or before December 20, 2014. A second deposit of $1000 is due January 30, 2015. The balance of the payment is due April 17, 2015. If the student withdraws before January 30, 2015, they will forfeit the initial $500 deposit. No refunds will be made to students not present for the program or for those who drop out after January 30, 2015. Full refunds will be processed if the program is cancelled or if you are not accepted. Extended Studies reserves the right to cancel classes and to make changes as necessary. Returned checks are assessed a $17.00 service charge. You must be 18 years of age, with a 2.0 GPA, prior to departure to participate in this course.

Choose one of the following to be enrolled in:

☐ Anth 197, no prerequisites, 4 credits, CRN 14592, $400              EXT ST 14598, $2,600

OR

☐ Anth 469(must have completed Anth 107) 4 credits, CRN 14593, $400               EXT ST 14598 $2,600

Method of Payment for $500 deposit due by December 20, 2014  Amount $__________________

☐ Cash  ☐ Check or Money Order Payable to Western State University

☐ MasterCard  Name on Card ______________________________________

☐ Discover  Card Number___________________________________________

☐ Visa  Signature__________________________________________________ Exp Date ___/___

Payment Processed Date_______ Initials_______ Receipt #_______ $_______

Method of Payment for $1000 deposit due by January 30, 2015  Amount $__________________

☐ Cash  ☐ Check or Money Order Payable to Western State University

☐ MasterCard  Name on Card _______________________________________

☐ Discover  Card Number___________________________________________

☐ Visa  Signature__________________________________________________ Exp Date ___/___

Payment Processed Date_______ Initials_______ Receipt #_______ $_______

Method of Payment for balance due April 17, 2015  Amount $__________________

☐ Cash  ☐ Check or Money Order Payable to Western State University

☐ MasterCard  Name on Card _______________________________________

☐ Discover  Card Number___________________________________________

☐ Visa  Signature__________________________________________________ Exp Date ___/___

Payment Processed Date_______ Initials_______ Receipt #_______ $_______

Return form to Western State Colorado University, Extended Studies
Taylor 303, Gunnison, CO 81231
EMERGENCY CONTACTS

Student’s Name: _______________________________

☐ I give my permission for Extended Studies to communicate with the people checked below regarding information related to the Maya Archaeology Belize program for summer 2015. (Extended Studies is requesting permission to provide information to your parents, family or friend as the trip planning progresses, answer questions and communicate with them while you are on course)

☐ I decline giving permission to Extended Studies to contact the people below except in the case of an emergency.

Fill in as many as you want – minimum of one contact required.

☐ NAME ___________________________ Relationship ________
ADDRESS ___________________________ CITY ___________ STATE _____ ZIP _____
CELL PHONE ___________________________
EMAIL ________________________________

☐ NAME ___________________________ Relationship ________
ADDRESS ___________________________ CITY ___________ STATE _____ ZIP _____
CELL PHONE ___________________________
EMAIL ________________________________

☐ NAME ___________________________ Relationship ________
ADDRESS ___________________________ CITY ___________ STATE _____ ZIP _____
CELL PHONE ___________________________
EMAIL ________________________________

Return form to Western State Colorado University, Extended Studies
600 N Adams, Taylor 303, Gunnison, CO  81231
Emergency Medical Information and Disclosure, Disclaimer and Waiver

Pre-Existing Conditions Only

If you have a pre-existing condition that might be affected by your participation in an active (e.g. strenuous hiking) outdoor program at elevations exceeding 7,000 feet above sea level, please describe this condition and have your physician fill out and sign all sections below. Fill out this section only if you believe that you may have such a pre-existing condition.

Description of condition __________________________________________________________

Medication taken, dosage and timing _______________________________________________

Other special instructions or precautions ___________________________________________

Physician’s statement:

I __________________________ have examined __________________________
(Physician - please print) (Western Participant)

and recommend that she/he can participate in the Western Belize Yellowstone course.

Signed ___________________________ Date __________________________
(Physician)

☐ Check box if no pre-existing condition
**Participant Medical History**

Some of the activities may be strenuous, especially depending on your familiarity with them and your physical condition. The ability to walk several miles without undue fatigue indicates reasonable physical condition. Any previous knee or ankle problems, excessive weight or allergies to food, medicine or insect bites are also of particular concern. The following information is important and will help us avoid health or medical problems before they occur.

<table>
<thead>
<tr>
<th>Age</th>
<th>Height</th>
<th>Weight</th>
<th>Date of last tetanus shot</th>
</tr>
</thead>
</table>

Please explain any YES answers on lines provided to right. Attach additional sheet(s) if necessary.

1. Any adverse reactions to medication?  
   - YES  
   - NO  

2. Are you currently taking any medication?  
   - YES  
   - NO  
   (If yes, what type, dosage and medical condition? Attach a separate sheet as needed.)

3. Any allergic reactions to food/medications/environment?  
   - YES  
   - NO  
   (If yes, please describe in detail)

   - YES  
   - NO

5. Have you ever been stung by a bee?  
   - YES  
   - NO  
   (If yes, explain any allergic reactions.)

6. Any respiratory problems?  
   - YES  
   - NO  
   (If you have an inhaler, you are required to carry it at all times.)

7. Any heart defects?  
   - YES  
   - NO

8. Do you have diabetes? Describe Type.  
   - YES  
   - NO

9. Any history of seizures, convulsions, epilepsy or other medical disorders?  
   - YES  
   - NO

10. Any ankle/knee/hip or other joint problems?  
    - YES  
    - NO

11. Have you consulted a mental health care professional in the past two years? Please explain.  
    - YES  
    - NO

12. Do you have any other medical conditions that may preclude strenuous activities?  
    - YES  
    - NO
**Significant Three Year Medical History (use extra page if necessary):**

Please list your medical history including hernias, ulcers, head injuries, cancer, arthritis, scoliosis, hearing/vision problems, learning differences, eating disorders or other illnesses (use extra page if necessary). In addition, please note if you have any pre-existing medical conditions. If pre-existing medical conditions may be affected by participation in daily activities, please have your doctor document these conditions and give approval or agree to discuss the condition with a Western representative.

<table>
<thead>
<tr>
<th>Year</th>
<th>Illness/Accident/Eating Disorder/Learning Difference</th>
<th>Implications</th>
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</tbody>
</table>

**Participant Medical Authorization**

I authorize Western State staff, contractors, or other medical personnel to obtain or provide medical care for me, to transport me to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) they consider necessary for my health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by Western) of any medical records necessary for treatment, referral, billing or insurance purposes. I authorize that all information on this form is accurate and complete and I have not withheld any information.

Signed ___________________________ Date _____________
STATEMENT OF RESPONSIBILITY, RELEASE AND AGREEMENT TO PARTICIPATE IN AN INTERNATIONAL PROGRAM IN BELIZE

I,_________________, am a student at Western State Colorado University (University) I have agreed to participate in the Maya Archaeology program (“the Program”), located in Belize. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1) I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and /or traveling while on the Program. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and, I absolve the University of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and /or expenses I may incur while I am abroad. I agree to report to the University and physical or mental condition I have that may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

2) I understand the University reserves the right to make changes to the Program itinerary or to cancel all or part of the Program at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. If all or part of the Program is cancelled, prevented or rendered impossible or unfeasible by any act or regulation of any public authority, or by reason of riot, strike, act of God, epidemic, war, civil unrest, terrorism or declaration of disaster by federal, state, or foreign government and the Program is cancelled (in whole or in part), it is understood and agreed that there shall be no claim for damages by me or on my behalf and the University’s obligations as to the Program shall be deemed waived by me. Any additional expense resulting from the above will be paid by me. The University, reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

3) I understand and acknowledge that the University assumes no responsibility or liability for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries, losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure of negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond the University’s control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due
to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property are at my risk entirely throughout the Program and any travel incident thereto. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University’s sole discretion, to require that all participants return to the United States if the University determines or believes that any person will be in danger if the Program or any aspect thereof is continued.

4) The University reserves the right, in its sole discretion; to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, or any provision of Belize, which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program in the sole discretion of the University, and I may be referred to the appropriate University officials for further disciplinary action. I understand and hereby acknowledge that I will be subject to discipline by the University, as well as by any institution I attend or in whose facilities I reside or learn in connection with the Program, if I violate either or both institution’s rules, policies or student conduct codes. I hereby consent to the jurisdiction of all such institutions to discipline me, separately and cumulatively, for any instance of misconduct which occurs during the Program or during my time abroad. I agree not to challenge in any forum or proceeding the authority or jurisdiction of the University to discipline me at any time for my misconduct abroad, during or in connection with the Program or any travel related thereto.

5) I understand and hereby acknowledge that I have received and reviewed the U.S. State Department Consular Information concerning travel to, in and around Belize; that I am aware of and understand the risks and dangers of travel to, in and around Belize, including but not limited to the dangers to my own health and personal safety posed by crime, dangerous or vicious animals, adverse weather conditions, remoteness and, in some cases, great distance to adequate medical care. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around Belize.

6) If I enroll in the Program, I may elect to voluntarily participate in various optional trips and activities traveling to other locations, during the Program, including, without limitation, trips to the area surrounding Belize. I hereby acknowledge that these trips are not sponsored or controlled by the University, that my participation in them is not required by the University and that my participation in them is wholly voluntary. I understand and hereby acknowledge that I will face an increased and inherent risk of injury, disease or death due to these independent trips. I further acknowledge that during the trip I may be a great distance and many hours from the nearest medical care or treatment; that available medical treatment is not likely to equate with the level of care available in many U.S. hospitals. I hereby assume, knowingly and voluntarily, all risk of injury, death, and property damage in connection with the about trips, as well as my
travel to, from, in or around Belize, and/or my travel to, from in or around Belize. I agree not to travel to any other country or location prohibited by the University during the Program (including without limitation periods of independent travel) without the prior written consent of the University.

7) I agree not to use or possess any illegal drugs or substances, and understand that doing so will place me and others at risk. I understand that if I am under the age of 21, I may not consume alcohol during this trip and if over 21, I agree to limit alcohol consumption to designated non-class times and as specified by the instructors or host institution while participating in this Program. I agree that if I fail to abide by agreements herein, I will be prohibited from further participation in this Program and must make my own arrangements to leave the program and country. I agree to conduct myself in a manner that will comply with the regulations of the Program. I understand that there will be a pre-departure orientation on campus that will cover additional safety information.

8) As lawful consideration for being permitted by Extended Studies and Western State Colorado University to participate in this Program, I do hereby release from any legal liability, agree not to sue, claim against, attach the property of or prosecute and further agree to defend indemnify, and hold harmless Extended Studies, Western State Colorado University and the Trustees of the State Universitys of Colorado, and all of their officers, directors, member, organizations, agents and employees of any injury or death caused by or resulting from participation in this Program, whether or not such injury or death was caused by negligence from any other cause.

This agreement, made in the State of Colorado, County of Gunnison, shall in all respects be governed in accordance with the laws of the State of Colorado. Any action brought by either party to enforce any of the terms or conditions of the agreement shall be brought only in such counties. Each party consents to the jurisdiction and venue of the appropriate court in such counties.

I acknowledge that I have read and understood this Waiver of Liability and have signed it voluntarily in consideration of the Trustees agreement to allow me to participate in this Program and acknowledge that by signing below, I am giving consent for medical treatment to the coordinator and medical personnel in an emergency situation. It is understood that such treatment shall be solely at my expense and I agree to reimburse Western State Colorado University for any expense it might suffer as a result of said injury or treatment.

Dated:_______________

_________________________
(Signature)

_________________________
Name (Printed)

Return to Western State Colorado University, Extended Studies, 600 N Adams, Taylor 303, Gunnison, CO 81231