APPLICATION FORM
Aesthetics and Community in Northern Italy
Summer Study in Florence, Italy May 20 - June 18, 2014

Name___________________________________________________ WSC ID or Social Security ___________

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___/___/___

Do you have a bachelor’s degree?  ___yes    __no

Passport Number__________________________________  Expiration date___________________

Payment/Cancellation Information:  The cost of the program is $4000*+ $250 housing deposit (refundable based on check-out condition of apt.) for undergraduate or graduate students. This includes 3 undergraduate or graduate credits, student housing, designated excursions, and welcome activities. A $1500.00 non-refundable deposit is due with this application form on or before February 3, 2014. The balance is due on or before March 3, 2014. A full refund, less the $1500.00 deposit, will be made if written notice of cancellation is received by February 14, 2014. No refunds will be made after February 14, 2014 nor will refunds be made to students not present for the program or for those who drop out after the course begins. 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 prior to departure to participate in this course. Students must remain on-site May 20- June 18, 2014.

You will be enrolled in:
Undergraduate Credit: Aesthetics and Community in Northern Italy: A New Florentine Camerata, 3 credits
□ ART 397, 14160, 3 credits   □ COM 397, 14162, 3 credits   □ HRNS 397, 14164 1 Credit  EXT ST, 14225

Method of Payment for non-refundable $1500 deposit due February 3, 2014

□ Cash    □ Check or Money Order Payable to Western State University
□ MasterCard Name on Card ________________________________
□ Discover Card Number_______________________________________
□ Visa Signature___________________________________________________ Exp Date ___/____

Method of Payment for Balance Due March 3, 2014:  Amount $

□ Cash    □ Check or Money Order Payable to Western State University
□ MasterCard Name on Card ________________________________
□ Discover Card Number_______________________________________
□ Visa Signature___________________________________________________ Exp Date ___/____

For Office Use Only
Registered in Banner     Date____  Initials     Receipt #     $____
Payment Processed Date____  Initials     Receipt #     $____
Payment Processed Date____  Initials     Receipt #     $____

Return this form to Extended Studies, Taylor 303, Gunnison, CO 81231, fax: (970) 943-7068
Emergency Medical Information and Disclosure, Disclaimer and Waiver

The program requires the ability to participate in walking tours, climb stairs and travel in city buses. Do you have any physical disabilities or conditions that might limit participation in this program? If so please explain.

Are you on any special modifications or special dietary restrictions? If so, please explain.

Do you have any allergic reactions to any medications? If so, explain the nature of your allergies and your reaction.

Do you have any other medical or mental health issues?

Vacinations: I have checked the vaccination requirements for the country and am aware of those requirements. ___(initial)

I,________________________________, have agreed to participate in the Florence, Italy Program (“the Program”), located in Florence, Italy offered by Western State Colorado University (University). 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. The University is not responsible for penalties assessed by air carriers that my result due to operational and/or itinerary changes, regardless of whether the University makes a flight arrangement. 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 is 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, 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 and 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 reviewed the U.S. State Department Consular Information concerning travel to, in and around Florence, Italy at http://travel.state.gov/travel/tips/tips_1232.html and travel alerts at http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html. I am aware of and understand the risks and dangers of travel to, in and around Florence, Italy, 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 Florence, Italy.

6) If I enroll in the Program I am required to participate in various field trips and activities traveling to other locations, during the Program, including, with out limitation, trips to the area surrounding Florence, Italy.

If I choose to travel to locations other than the course’s required field trips, 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 Florence, Italy. 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.

6) I agree not to use or possess any illegal drugs or substances, understand that doing so will place me and others at risk. I agree that if I (or my minor child or ward) fail to abide by agreements herein, I (or he/she) will be prohibited from further participation in this program. I agree to conduct myself in a manner that will comply with the regulations of the program and if inappropriate behavior occurs, I understand I will be dismissed from the program.

7) This is a release of liability. If under eighteen years of age, signature of parent or guardian is also required. If custody is shared by both parents, each parent must sign this form. If one parent/guardian has sole custody, the custodial parent/guardian must sign

8) As lawful consideration for being permitted by Extended Studies and Western State Colorado University to participate in this program, I (we) 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 University and the Trustees of the State Universities 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 (or my minor child or ward) 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 University for any expense it might suffer as a result of said injury or treatment.

**Emergency Contact Names** □ I give my permission for Extended Studies to communicate with the people checked below regarding information related to the program for summer 2014. (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.

Name: _________________________ Relationship: ________________

Address: ______________________________________________________

Work Phone #: ______________ Cell Phone #: ______________

E Mail _______________________________________________________

Name: ___________________ Relationship: __________________

Address: __________________________________________________

Work Phone #: _______________ Cell Phone #: ___________

E Mail _______________________________________________________

Name (Signature) ____________________________

Name (Printed) __________________________

Return to: Western State Colorado University

Extended Studies

600 N. Adams, Taylor 303

Gunnison, CO 81231

Phone 970-943-2885 Fax: (970) 943-7068

e mail: extendedstudies@western.edu