

**UNIVERSITY OF COLORADO, BOULDER
ARCHAEOLOGICAL FIELD SCHOOL APPLICATION
SUMMER 2011 / SESSION A (31 MAY THROUGH 1 JULY)**

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Email: _____

Parents (or other emergency contact): _____

relation to you: _____

phone: (h) _____ (cell): _____

Health Insurance Company: _____ Policy #: _____

Major: _____ Academic Institution: _____

Class Standing: First Year Sophomore Junior Senior Grad

Why do you want to take the CU archaeological field school?

Outdoor Experience:

Special Skills (photography, automobile repair, first-aid training, etc):

Medical or physical issues we should know about if we are living with you in a remote area (diabetes, conditions limiting your activities, conditions that could be dangerous without regular medication, etc.). This is for information only and does not enter into a decision to admit you to the class.

Dietary limitations (food allergies, vegetarian, etc.). This is for information only and does not enter into a decision to admit you to the class. We just need to know what to feed you.

Recommenders names and contact information (please ask these people send a letter or email directly to Dr. Bamforth):

Personal:

Academic:

I affirm that I will have health insurance in force for the full duration of the field school (31 May through 1 July 2011) and that I have no medical or dietary conditions that might become problems other than the ones that I have noted above.

Signature: _____

Date: _____

Please return **BOTH** this form **AND** the signed waiver (signed by your parents if you are under 18) to Dr. Bamforth **BY MARCH 4** with a copy of your most recent college transcript (**unofficial** copies of your transcript are fine) by dropping them by his office (176 Hale), or by mailing them to:

Dr. Douglas Bamforth
Anthropology Dept., 233 UCB
University of Colorado
Boulder, CO 80309-0233

University of Colorado, Boulder

Release from Responsibility, Assumption of Risk and Waiver

Name _____

Activity 2011 CU Anthropology Department Summer Archaeological Field School (ANTH 4350/5350)

Date _____

Address _____

Phone Number (_____) _____

I exercise my own free choice to participate in the above-designated Activity. I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property occurring in connection with or arising out of participation in the 2011 CU Anthropology Department Summer Archaeological Field School (ANTH 4350/5350).

I hereby release and discharge, indemnify and hold harmless the Regents of the University of Colorado, and their member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical treatment for _____, (participant) for the duration of his/her participation in this Activity. I understand that University of Colorado does not carry or provide health or accident insurance that responds to injury or illness as a result of my participation in this Activity.

Medical Health Insurance Company _____

Policy # _____

Emergency

Contact/Phone _____

If the participant is under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for the student's participation.

Participant Signature (Parent /Guardian if under 18) _____

Date