



Concordia
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**Participant application for the 2010 Hippos Excavation
Northeast Church Project with
Concordia University**

Please complete the following form and mail it along with the non-refundable registration fee (unless exempt) and a copy of your passport photo page to:

**Dr. Mark Schuler
2010 Hippos Excavation
Concordia University LMC04
275 Syndicate Street North
Saint Paul, MN 55104**

Application deadline is 1 April 2010

Basic Info

Full name: _____ (as on your passport)

Address: _____

City, State, Zip: _____

Email: _____

Phone number: _____

Mobile: _____

Date of birth _____

Arrival Date _____

Departure Date _____

List two emergency contacts (people from two different households with different phone numbers and email addresses):

Name: _____

Relationship: _____

Telephone: _____

Email: _____

Name: _____

Relationship: _____

Telephone: _____

Email: _____

Medical Information

Please list any health factors that may impact your full participation on the dig or of which the dig director ought to be aware for your safety and comfort.

Do you wear contact lenses? _____

List allergies:

List dietary restrictions:

List prescription medications:

Is your inoculation for tetanus current? _____

(No other shots are required, although some do get hepatitis A and B inoculations.)

Fee (check appropriate item):

- I have enclosed the \$100 non-refundable registration fee (payable to “Concordia University Hippos Excavation”).
- I am exempt from the registration fee, as I have participated in the Hippos Excavation previously.

Passport (check appropriate item)

- I have a passport and have enclosed a copy of the photo page.
- I have applied for a passport and will send a copy of the photo page when it arrives.
- I will be applying for a passport soon.

Courses (check all that apply)

I plan to register for:

- ARC101 Introduction to Archaeology
- ARC250 Near Eastern Archaeology
- ARC351 Field Archaeology
- No courses

Insurance

Name of health insurance company: _____

Policy number: _____

I have contacted my insurance company and have been assured that I have coverage for injury and/or illness in Israel and the Occupied Territories.

Initial if true: _____ (Initial of Parent, if under 21: _____)

Medical Authorization

In the event of illness or injury to me, I authorize any official representative of Concordia University, St. Paul, or any official representative of the University of Haifa to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

Initial if true: _____ (Initial of Parent, if under 21: _____)

Emergency expenses

I understand that medical expenses must be paid in full by me in Israel at the point of service. I will need to submit paid receipts to my insurance company when I return home.

Initial if true: _____ (Initial of Parent, if under 21: _____)

If a deteriorating security situation necessitates a change of plan and/or early departure, I understand that I am responsible for my portion of evacuation expenses and for any additional airfare costs in returning home early. I understand that fees are non-refundable once paid, even in the case of cancellation due to security concerns.

Initial if true: _____ (Initial of Parent, if under 21: _____)

I am carrying with me a credit card with a sufficient line of credit to handle emergencies. I have contacted my credit card company to authorize use of the card in Israel.
Initial if true: _____ (Initial of Parent, if under 21: _____)

Eligibility and Expectations

I have read the Eligibility Policy (<http://hippos.archaeology.csp.edu/currentseason/eligibility.htm>) and have reviewed Expectations (<http://hippos.archaeology.csp.edu/currentseason/expectations.htm>) of dig participants. I accept my responsibility as a volunteer for the Hippos Excavation of Concordia University, St. Paul, July, 2010. I am accountable for legal and moral conduct and all fees. I will conduct myself according to the laws of the State of Israel and the United States of America and whatever rules are essential for my welfare.
Initial if true: _____ (Initial of Parent, if under 21: _____)

Security

I have reviewed the following documents with my family:

- State Department Travel Warning at http://travel.state.gov/travel/israel_warning.html
- The Security Policy at <http://hippos.archaeology.csp.edu/currentseason/security.htm>
- The Cancellation Policy at <http://hippos.archaeology.csp.edu/currentseason/cancellation.htm>

I understand the policies and have had any questions answered.
Initial if true: _____ (Initial of Parent, if under 21: _____)

Air Arrangements (check appropriate item)

- I am a student or a first-time volunteer. I will work with the program director to book my flight.
- I am a return volunteer. I am booking my own flight and will forward a copy of my air itinerary.



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Waiver of Responsibility

The undersigned participant hereby releases the Coordinator/Instructor(s) of the Concordia Excavation Team at Hippos and Concordia University, St. Paul, Minnesota, their respective officers and agents from any and all responsibilities, claims, liabilities, and causes of action, directly or indirectly, with respect to personal injury, property damage, death, loss, accident, delay, inconvenience, irregularity, changes in this Program, misrepresentation in this Program, negligence of any direct carrier, hotel, or travel service, or any persons rendering any services being offered in conjunction with the Program which may be occasioned by either reason of any defect engaged in conveying passenger or in carrying out the arrangements of the Program, by malfunction of transportation systems or equipment, or otherwise in connection therewith, or for losses or additional expenses due to delays or other changes in means of transportation or other services, by acts of war, terrorism or rebellion, strikes, theft, sickness, weather, or any other cause whatsoever.

The right is reserved to withdraw all or any part of this Program and to make such alterations, deletions, additions, or modifications in the itinerary and/or academic Program as may be found necessary or desirable by the Coordinator of the Program. The right is also reserved to decline to accept or retain any person as a member of the Program at any time in the sole discretion of the Coordinator.

Statement of Participant

My signature certifies that I have read the above statement of statement of understandings and waiver and that I agree to the conditions thereof. I also agree not to deviate from the established itinerary or program except in the case of legitimate emergency and then only with the written consent of the Coordinator. I further agree to forfeit any or all claims against the Coordinator. I further agree to forfeit any and all claims against Concordia University, St. Paul, and the Coordinator in the event that I leave the program before its completion for any reason whatsoever.

Date: _____

Signature: _____

Parental signature (if under 21): _____
(to be kept on file at the University)