ARCHAEOLOGY FIELD TRAINING
Release and Indemnification
(Part 1 of the Application)

INSTITUTION: Mercyhurst University, Department of Anthropology/Archaeology and the Mercyhurst Archaeological Institute (MAI), 501 East 38th Street, Erie, PA 16546.

DESCRIPTION OF TRIP AND ACTIVITY: Travel to and from an off campus location and participation in the excavation of an archaeological site, including related travel, as part of the Mercyhurst University curriculum in Archaeological Field Training (field school). Activity will involve diving and performing archaeological activities in and beneath the surface of the Aucilla River. The river has been described as an obsidian mirror, reflecting the overhanging forest while hiding a labyrinth of rocks and snags. In places the river disappears, running underground, and in other places, the river conceals deep sinkholes.

LOCATION: Aucilla River, in the Great Bend region of North Florida

DATES: Monday, May 20, 2013 – Friday, June 28, 2013

APPLICANT INFORMATION: (* required data)

Name*: _____
Please enter your given name, middle initial, and surname.
Address*: _____
Address 1: _____
Address 2: _____
City*: _____
State/Province*: _____
Country: _____
Zip/Mailing Code*: _____
E-mail*: _____
Telephone #*: _____ [(xxx) xxx-xxxx]
[ ] Cell
[ ] Home
Date Of Birth*: _____ [mm/dd/yyyy]
Certifications***:
[ ] Certified open water scuba diver?
[ ] Passed dive physical?
[ ] 1st aid/CPR certified?
[ ] Oxygen provider?

*****You must have all four of these certifications to participate. Please submit documentation of these certifications with this application.**

AGREEMENT:
I, the above-named Applicant, am eighteen years of age or older and have voluntarily applied to participate in the above field school. I acknowledge that the nature of the field school and the activities described above may expose me to hazards or risks that may result in my illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that I am physically able, with or without accommodation, to participate in the above-referenced field school activities, and am able to use the equipment and/or supplies associated with such activities, and have obtained all required immunizations necessary for the same.

In consideration of my participation in the field school, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees, and representatives, as well as any third party landowner, its officers, employees, and representatives, from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the field school activities, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or any third party landowner, its officers, employees, and representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives, as well as any third party landowner, its officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional acts or omissions while participating in the field school.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITIES AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS.

Should I require emergency medical treatment as a result of accident or illness arising during the field school, I consent to such treatment. I acknowledge that Mercyhurst University/MAI does not provide health and accident insurance for participants in the field school and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify University representatives in writing if I have medical conditions about which emergency medical personnel should be informed.

By signing below, I agree to the above statements.

Signature of Applicant*: _____
Social Security #*: _____
Date signed*: _____