

Sicily Archaeological Excavation

The Institute of Archaeology
Siegfried H. Horn Museum
Andrews University

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Thanks for your interest in participating in the coming excavation season in Sicily. Please read the application instructions carefully!

Step #1: Complete the application packet as soon as possible, and **submit it to: Institute of Archaeology& Horn Museum, Andrews University, 9047 US 31, Berrien Springs, MI 49104-0990.** These forms **MUST** be to the Horn Archaeological Museum office by **February 27, 2015. NO EXCEPTIONS!** Even if there is only a slight possibility that you will participate in the excavation, you must submit these forms. Submission of these two forms in no way obligates you to participate in the dig. Rather, it simply makes it possible for you to participate.

Step #2: Be sure to submit necessary materials on or before the date specified!

- February 27, 2015
 - Application
 - PDF of passport
 - Copy of Medical Insurance card
- March 16, 2015
 - \$500.00 nonrefundable deposit
- April 30, 2015
 - Full payment (Guest/PTC student)
 - Proof of financial clearance (degree-seeking AU students)

Sicily*Application Form Part 1*

AU ID # _____ (if you have one)

Name _____
Last First M.I.Current Address _____

Telephone: Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Email address: _____

Above address permanent **Y/N**? If no, effective through what date? _____*Additional contact information (if above address will not be valid at least 1 calendar year)*Address: _____

Telephone # (____) ____-____ Email _____

Marital Status _____

Occupation or field of study _____

Length of Stay: ____ Full Season (8 weeks) ____ Half Season (4 weeks) ____ Other

Please provide anticipated: Arrival: _____ Departure: _____

Person to be notified in case of **emergency** while you are abroad:

Name _____ Relationship _____

Address _____

Telephone: Day: (____) ____-____ Evening: (____) ____-____ Email _____

Alternate Emergency Contact

Name _____ Relationship _____

Address _____

Telephone: Day: (____) ____-____ Evening: (____) ____-____ Email _____

Do you wish to register for credit through Andrews University? ☐ Yes ☐ No

If so, are you currently accepted into an AU degree or program, or will you need to take classes as a guest student (PTC) status? ☐ Degree-seeking ☐ Guest/PTC student

Please indicate how many credits you plan to register for (1-6 available for MDiv/M.A./Ph.D. students) from the following list of classes*:

_____	NTST 615	New Testament Archaeology (2-3)
_____	ANEA 630	Archaeological Field Work (1-6)
_____	ANEA 830	Advanced Archaeological Field Work (1-6)
_____	ANEA 690	Independent Study: Topic _____ (1-3)
_____	ANEA 695	Directed Studies: Topic _____ (3)
_____	ANEA 890	Directed Readings: Topic _____ (1-6)

***Please note: course offerings may change.**

All information on this and the attached application forms is correct to the best of my knowledge.

Signature _____ Date _____

Name of applicant _____

I hereby acknowledge that I have voluntarily chosen to participate in the *Andrews University Excavation in Sicily* beginning on May 21, 2015 and ending on July 15, 2015 (the "Tour"). I understand and accept that there are risks involved in the Tour. I acknowledge that some of the risks inherent in the Tour include, but are not limited to: property damage and/or loss; physical exertion; illness and disease, including AIDS; minor bodily injury; severe bodily injury; an inadequate blood supply; and death. I expressly, knowingly and intelligently assume the following: all risks of travel, whether by car, bus, aircraft, boat or any other means; all risks of riot, civil disobedience, hijacking and terrorism; all risks associated with the preparation and eating of food and water; all risks of loss or destruction of personal property; and all losses whether to person, property, or money caused in whole or in part by myself or any other person or entity. As a voluntary participant in the Tour, I acknowledge the risks involved and hereby accept any and all risks, including those not specified above. I further agree that my participation in any specific phase or activity during the Tour, including the use of any equipment, will be at my own discretion and judgment based on my own experience and competence.

I acknowledge that I have read the Consular Information Sheet for Italy (<http://travel.state.gov/content/passports/english/country/italy.html>) that was prepared by the United States Department of State, on (date) _____ (the "Information Sheet"), and that I accept the risks identified in the Information Sheet. I acknowledge that I have read the Health Information for travelers to Italy (<http://wwwnc.cdc.gov/travel/destinations/traveler/none/italy>) that was prepared by the National Center for Infectious Diseases, on (date) _____ (the "Health Information"), and that I accept the risks identified in the Health Information. I further acknowledge and agree that I have been informed of the opportunity to purchase insurance for medically supervised air transport through the International SOS company (at www.internationalsos.com) and I accept responsibility for my decision to do/not do so. I further acknowledge and understand that a medical consultation is recommended to participate in the Tour and I am responsible for getting this consultation and for following all health-related recommendations made by my physician and by the University medical director.

In consideration of my participation in the Tour and to the fullest extent permitted by law, I (on behalf of myself and my family, estate heirs or assigns) agree to indemnify, defend and hold harmless the Project Consortium, all its members, Andrews University, and their trustees, officers, employees, agents, volunteers and assigns (collectively, the "Tour Organizers") from and against all claims arising out of or resulting from my participation in the Tour, except for claims arising out of the sole gross negligence or willful misconduct of the Tour Organizers. A "claim," as used in this agreement, means any claim, suit, action, damage, financial loss, or expense, including, but not limited to attorney's fees, resulting from my participation in the Tour. *I still further acknowledge and understand that world events (including but not limited to war and terrorism) may alter or cause the cancellation of the Tour and I understand and agree that I (and not the Tour Organizers) will be responsible for my portion of the financial losses caused by any such alteration or cancelation.*

I understand and agree that this agreement is intended to be as broad and inclusive as permitted by law and that if any portion is held to be invalid, I agree that the remaining portion hereof shall continue in full force and effect.

This is a legal document that affects your legal rights. Your signature below signifies that you have read the document carefully, that you understand it, and that you agree with its terms.

Dated: _____
Signature of participant Printed name of participant

If the participant is under the age of 18, the signature of a parent or guardian is required below.

Dated: _____
Signature of parent/guardian Printed name of parent/guardian

Medical History: 2014-2015

Name of Participant _____

Purpose of Medical Form:

It protects you and the dig, in that it alerts those persons who may not be medically fit for the strenuous work and difficult living conditions on the dig to reconsider their application. The form also helps our camp physician in case of problems during the project. Many people are not aware of how ailments, which are minor in an urban setting, may become significant problems in an isolated area under stressful conditions. Therefore, we ask you, *for your own protection*, as well as for our assessment, to be completely candid in filling out this form and not to leave out anything that may be pertinent, even if you think it may jeopardize your application.

Name (last name, first name) _____

AU ID # _____ Birth Date _____ Occupation _____

You must have medical insurance in order to participate. Please provide your medical insurance information below, and **attach a photocopy of your insurance card (both sides!)**.

Name of medical/accident insurance plan _____

Type of coverage _____ Policy # _____

Address of company _____

Please provide the following information in case of a medical emergency:

Physician's Name: _____ Telephone: _____

Parent/Guardian Information(if under 18):

Parent 1 Name _____ Telephone: _____

Parent 2 Name _____ Telephone: _____

Blood Type and Rh factor (optional): _____

Have you had any of the following? If so, please provide details as to date, severity, and any current problems or treatment.

- ☐ Yes ☐ No Frequent eye infections_____
- ☐ Yes ☐ No Glaucoma_____
- ☐ Yes ☐ No Persistent ear infections_____
- ☐ Yes ☐ No Loss of hearing_____
- ☐ Yes ☐ No Diabetes_____
- ☐ Yes ☐ No Typhoid fever_____
- ☐ Yes ☐ No Tuberculosis_____
- ☐ Yes ☐ No Polio (with deformity)_____
- ☐ Yes ☐ No Pneumonia or pleurisy_____
- ☐ Yes ☐ No Cancer or malignancy_____
- ☐ Yes ☐ No Asthma or wheezing_____
- ☐ Yes ☐ No Severe skin disease_____
- ☐ Yes ☐ No Goiter or thyroid disease_____
- ☐ Yes ☐ No Collapsed lung_____
- ☐ Yes ☐ No Chronic cough_____
- ☐ Yes ☐ No Shortness of breath (daily activities)_____
- ☐ Yes ☐ No Heart palpitations or arrhythmias_____
- ☐ Yes ☐ No Persistent heart murmur_____
- ☐ Yes ☐ No Pressure around heart_____
- ☐ Yes ☐ No High blood pressure_____
- ☐ Yes ☐ No Dysentery (bacterial, amoebic, parasitic)_____
- ☐ Yes ☐ No Recurrent diarrhea or colitis_____
- ☐ Yes ☐ No Yellow jaundice hepatitis_____
- ☐ Yes ☐ No Stomach or duodenal ulcer_____
- ☐ Yes ☐ No Gastritis or recurrent heartburn_____
- ☐ Yes ☐ No Kidney or bladder infections_____
- ☐ Yes ☐ No Varicose veins_____
- ☐ Yes ☐ No Kidney stones_____
- ☐ Yes ☐ No Back injury or strain_____
- ☐ Yes ☐ No Recurrent back pain_____
- ☐ Yes ☐ No Painful joints_____
- ☐ Yes ☐ No Serious head injury_____
- ☐ Yes ☐ No Hernia (rupture)_____
- ☐ Yes ☐ No Fainting spells, dizziness, unconsciousness_____
- ☐ Yes ☐ No Epilepsy, convulsive seizures_____
- ☐ Yes ☐ No Migraine or other headaches_____
- ☐ Yes ☐ No Nervous, emotional troubles_____
- ☐ Yes ☐ No Anemia (low blood count)_____

If you have consulted a Physician for any reason in the past 18 months (even for colds, flu, etc.), please give dates, reason and result.

If you have ever been hospitalized for a major-physical or mental illness, surgery or injury, please give year, reason and result.

Do you now or have you ever had any allergies or any allergic reactions to drugs, injections, or insect bites? ☐ Yes ☐ No Please provide details:

Are you now taking (or have you taken within the last year) any medications or medical treatments, physiotherapy, etc.? ☐ Yes ☐ No If yes, for what? Please list medication names and dosages.

Have you been in the past year or are you currently restricted by a physician in any physical activities? ☐ Yes ☐ No Please provide details:

Do you have any limitations that would interfere with the challenges of travel or study in the areas planned for this trip? ☐ Yes ☐ No
If yes, please describe. We will try to accommodate you, but we must know your limitations in detail.

Have you been in recent contact with any serious infectious diseases (tuberculosis, hepatitis, etc.) i.e., family, immediate friends or co-workers? ☐ Yes ☐ No
If yes, give details and dates:

Do you wear glasses? ☐ Yes ☐ No
If so, will you need to wear them while you dig? ☐ Yes ☐ No

Do you wear contact lenses? ☐ Yes ☐ No
If yes, will you wear glasses while excavating? ☐ Yes ☐ No

Are you color blind? ☐ Yes ☐ No

Have you had a tetanus booster **within the last ten years**? ☐ Yes ☐ No
Date of latest tetanus booster: _____ **THIS IS A MUST !**