

## Sicily Archaeological Excavation

The Institute of Archaeology  
Siegfried H. Horn Museum  
Andrews University

[hornmuseum@andrews.edu](mailto:hornmuseum@andrews.edu) Phone:(269) 471-3273 Fax: (269) 417-3619

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)

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 \_\_\_\_\_

**Sicily**

***Assumption of Risk and Hold Harmless Agreement***

**ANDREWS UNIVERSITY**

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](http://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 cancellation.*

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.

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

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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:

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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.

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

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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:

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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 !**