

Application for 2019 SIUE Ethnographic Field School

Field Season: From 20th of May to 28th of June 2019

Priority Application: March 30

Name: _____

Current Address: _____

Email: _____ **Current Telephone:** _____

Date of Birth: ____ / ____ / ____

Sex: _____

Emergency Contact Information:

Full Name: _____ **Relationship** _____

Email: _____ **Phone:** _____

Major: _____ **Minor:** _____ **Current GPA:** _____

Year of Study in Fall 2019: Freshman ____ Sophomore ____ Junior ____ Senior ____

Anticipated graduation date (BA or BS) _____

Coursework: Please list title, course number, institution, and grade received in all college level anthropology courses (or other college courses relevant to your preparedness for ethnological fieldwork) that will be completed by beginning of the field school. Attach a separate sheet if necessary.

Experience: Please describe any previous anthropological field or laboratory experience you have had, including dates and sponsoring institutions (Experience is not required).

Goals: This program is intended to involve a diverse group of students in research by making them team members on an ethnographic research project. Write half a page (no page limit) discussion of your interests and your professional, academic, and personal goals in anthropology, and what makes you a good fit for this summer program

Personal Sketch: Please write a brief sketch that would introduce you to the instructor and other students participate at the field school.

Health and Dietary: This fieldwork involves physical activity in a rural/urban setting, so we need to know about any health accommodations necessary for you to participate fully and safely in the field experience. Describe all conditions that may require accommodation (severe allergies, respiratory problems, anxiety issues, etc.).

What is your overall state of health? Excellent___ Good___ Fair___ Poor___

Can you walk 2 miles over uneven terrain? Yes___ No___

Can you stand for more than 3 -4 hrs.? Yes___ No___

Please describe any dietary restrictions (e.g., food allergies, general allergies, vegetarian) you may have. This will allow us to be careful about food sharing during emergency.

Transportation: Do you have personal transportation? Yes___No___

Do you know anything about the Madison County Transit (MCT)? Yes___ No___

Reference: In addition to this application form, you must list at least one faculty member as a reference.

Person writing recommendation: Contact phone or email:

_____ Applicant Signature:

_____ Date: ___ / ___ / _____

Please attach your resume or CV to this form and submit via email to Dr. Sasi Balasundaram (sbalasu@siue.edu). Enrollment is limited. All applicants will be required to meet with the instructor for a brief interview before accepted into the program. The instructor will contact you as soon as he receives the completed application package. Applications received by March 30, 2019 will receive priority.

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, & COVENANT NOT TO SUE AGREEMENT

(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I hereby acknowledge that my participation in ANTH 473 Ethnographic Field School, a voluntary educational course sponsored and administered by Southern Illinois University Edwardsville Department of Anthropology that includes optional field trips to various research sites from 5/20, 2019, to 6/28, 2019, hereinafter the Field Course, involves an inherent risk of and exposure to property damage and bodily or personal injury to myself or to others. Dangers related to such Field Course may include but are not limited to: hypothermia, broken bones, strains, sprains, cuts, abrasions, animal bites, insect stings, poison ivy, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge and agree that I am aware that there are risks, hazards, and dangers inherent in the Field Course and in the training, preparation for, and travel to and from the Field Course; that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparations, and training; that I have read and understand the conditions applicable to the Field Course; that the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees, hereinafter Releasees, and that the Owners of any premises visited during the Field Course, and the Owners' employees, agents, and heirs, hereinafter Owners, do not warrant or guarantee in any respect the competency or mental or physical condition of any third party affiliated with the Field Course, including third-party teachers, leaders, instructors, volunteers, vehicle drivers, or individual participants in the Field Course; that Releasees and Owners make no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose; and that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in the Field Course. I hereby assume any and all such risk. For the sole consideration of Releasees and Owners arranging for and allowing my participation in the Field Course, and in connection therewith, making available for my use certain equipment, facilities, grounds, or personnel of Releasees and Owners, I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge Releasees and Owners from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, whether caused by the negligence or carelessness of the Releasees and/or Owners, or otherwise, resulting from or in any way connected with my participation in the Field Course. I understand and agree that Releasees and Owners do not have medical personnel available at the locations of the Field Course; that Releasees are granted permission to authorize emergency medical treatment for me; that such action by Releasees shall be subject to the terms of this Agreement; and that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by Releasees shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees; that it shall be effective during the entire period of my participation in the Field Course; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read, understand, and have freely and voluntarily signed this *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement*. I warrant that I am over the age of 18 years.

This the _____ day of _____, 20____.

Signature

Date

Signature of witness (Must be 18 years or older)