



APPLICATION FORM

**Peace, Justice in the Navajo Nation (Four Corners Region)
November 25-29, 2009**

Name _____ WSC ID or Social Security ____/____/____

Local Mailing Address _____

City, State, & Zip _____

Phone Numbers _____
Home _____ Cell Phone _____

E-mail Address _____

Sex: M F U.S. Citizen: Yes No Date of Birth ____/____/____

Do you have a bachelor's degree? ___yes ___no

Will you be graduating with a Bachelor's Degree in May 2009? ___yes ___no (not eligible for graduate credit program)

Payment/Cancellation Information: *Costs are tentative until final arrangements are made. The cost of the program is \$275 plus an additional \$100 per credit (students can choose non credit or 1 or 2 credits) This includes housing, designated excursions, one meal a day, and round trip travel by van to Shiprock, AZ. Program cost does not include dinners, personal needs, individual travel, or other activities outside the established program schedule. Full payment is due with this application form on or before 11/12/2009. Refunds will be issued if cancellation is received in writing by November 12, 2009. No refunds after November 12, 2009. Extended Studies reserves the right to cancel classes and to make changes as necessary. Returned checks are assessed a \$17.00 service charge. **You must be 18 years of age prior to departure and have a passport to participate in this course.**

Check the course and number of credits you wish to enroll in:

26277, SOC 397 1 credit \$375 2 credits \$475

26278, POLS 397 1 credit \$375 2 credits \$475

26299 NON CREDIT \$275

Method of Payment due by November 12, 2009

Amount \$ _____

Cash Check or Money Order Payable to Western State College

MasterCard Name on Card _____

Discover Card Number _____

Visa Signature _____ Exp Date ____/____

For Office Use Only

Registered in Banner	Date _____	Initials _____		
Payment Processed	Date _____	Initials _____	Receipt # _____	\$ _____
Payment Processed	Date _____	Initials _____	Receipt # _____	\$ _____
Payment Processed	Date _____	Initials _____	Receipt # _____	\$ _____

Navajo Nation
Emergency Medical Information and Disclosure, Disclaimer and Waiver

Do you have any physical disabilities or conditions that might limit participation in this program? If so please explain

Are you on any special modifications or special dietary restrictions? If so, please explain.

Do you have any allergic reactions to any medications? If so, explain the nature of your allergies and your reaction.

EMERGENCY CONTACTS

Student's Name: _____

- I give my permission for Extended Studies to communicate with the people *checked below* regarding information related to the Navajo Nation program. (Extended Studies is requesting permission to provide information to your parents, family or friend as the trip planning progresses, answer questions and communicate with them while you are on course)**
- I decline giving permission to Extended Studies to contact the people below except in the case of an emergency.**

Fill in as many as you want – minimum of one contact required.

NAME _____ **Relationship** _____
ADDRESS _____
PHONE _____ **EMAIL** _____

NAME _____ **Relationship** _____
ADDRESS _____
PHONE _____ **EMAIL** _____

STATEMENT OF RESPONSIBILITY, RELEASE AND AGREEMENT TO PARTICIPATE IN AN INTERNATIONAL PROGRAM

I, _____, am a student at Western State College (“the College”). I have agreed to participate in the Navajo Nation program (“the Program”), located in Shiprock, AZ. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

- 1) I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience, and, more specifically, in the area in which I will be living and /or traveling while on the Program. By my signature

below, I certify that my health insurance policy will adequately cover me and, I absolve the College, Program instructors/chaperones of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and /or expenses I may incur while I am on course. I agree to report to the College and physical or mental condition I have that may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

2) I understand the College reserves the right to make changes to the Program itinerary or to cancel all or part of the Program at any time and for any reason, with or without notice, and the College shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. If all or part of the Program is cancelled, prevented or rendered impossible or unfeasible by any act or regulation of any public authority, or by reason of riot, strike, act of God, epidemic, war, civil unrest, terrorism or declaration of disaster by federal, state, or foreign government and the Program is cancelled (in whole or in part), it is understood and agreed that there shall be no claim for damages by me or on my behalf and the College's obligations as to the Program shall be deemed waived by me. The College, reserves the right to substitute accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the College.

3) I understand and acknowledge that the College and Program instructors/chaperones assume no responsibility or liability for any delays, delayed or changed departure or arrival times, dishonors of hotel, or vehicle rental reservations, sickness, disease, injuries, losses, damages, weather, strikes, acts of God, circumstances beyond the control of the College, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure of negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond the College's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, schedules or other uncontrollable factors I am required to spend additional nights, the College will not be responsible for my accommodations, meal costs or other expenses. My baggage and personal property are at my risk entirely throughout the Program and any travel incident thereto. The right is reserved by the College, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the College's sole discretion, to require that all participants return to Western State College if the College determines or believes that any person is will be in danger if the Program or any aspect thereof is continued.

4) The College reserves the right, in its sole discretion; to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the College, or any provision of Navajo Nation, which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program at the sole discretion of the College, and I may be referred

to the appropriate College officials for further disciplinary action. I understand and hereby acknowledge that I will be subject to discipline by the College, as well as by the facilities I reside in or learn in connection with the Program, if I violate either or both institution's rules, policies or student conduct codes. I hereby consent to the jurisdiction of all such institutions to discipline me, separately and cumulatively, for any instance of misconduct which occurs during the Program or during my time on course agree not to challenge in any forum or proceeding the authority or jurisdiction of the College to discipline me at any time for my misconduct abroad, during or in connection with the Program or any travel related thereto.

5) I am aware of and understand the risks and dangers of travel to, in and around Colorado and Arizona including but not limited to the dangers to my own health and personal safety posed by crime, dangerous or vicious animals, adverse weather conditions, remoteness and, in some cases, great distance to adequate medical care. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel.

6) I agree not to use or possess any illegal drugs or substances, understand that doing so will place me and others at risk, and I agree to limit alcohol consumption while participating in this program. I agree that if I (or my minor child or ward) fails to abide by agreements herein, I (or he/she) will be prohibited from further participation in this program. I agree to conduct myself in a manner that will comply with the regulations of the program. I understand that there will be a pre-departure orientation on campus that will cover additional safety information.

7) This is a release of liability. If under eighteen years of age, signature of parent or guardian is also required. If custody is shared by both parents, each parent must sign this form. If one parent/guardian has sole custody, the custodial parent/guardian must sign

8) As lawful consideration for being permitted by Extended Studies and Western State College of Colorado to participate in this program, I (we) do hereby release from any legal liability, agree not to sue, claim against, attach the property of or prosecute and further agree to defend indemnify, and hold harmless Extended Studies, Western State College, Program Instructors/Chaperones and the Trustees of the State Colleges of Colorado, and all of their officers, directors, member, organizations, agents and employees of any injury or death caused by or resulting from participation in this program, whether or not such injury or death was caused by negligence from any other cause.

This agreement, made in the State of Colorado, County of Gunnison, shall in all respects be governed in accordance with the laws of the State of Colorado. Any action brought by either party to enforce any of the terms or conditions of the agreement shall be brought only in such counties. Each party consents to the jurisdiction and venue of the appropriate court in such counties.

I acknowledge that I have read and understood this Waiver of Liability and have signed it voluntarily in consideration of the Trustees agreement to allow me (or my minor child or ward) to participate in this program and acknowledge that by signing below, I am giving consent for medical treatment to the coordinator and medical personnel in an emergency situation. It is understood that such treatment shall be solely at my expense and I agree to reimburse Western State College for any expense it might suffer as a result of said injury or treatment.

Dated: _____

(Signature)

Name (Printed)