



WESTERN COLORADO UNIVERSITY

CENTER FOR LEARNING
& INNOVATION

Maya Archaeology Field School in Belize

May 19-June 12, 2024

Application Form

Name:	Western ID:
Local Mailing Address:	City, State & Zip:
Home Phone Number:	Cell Phone Number:
E-mail Address:	Birthdate:
Gender: ___ Male ___ Female	U.S. Citizen: ___ Yes ___ No
Passport Number:	Expiration Date:

Payment/Cancellation Information: The cost of the program is \$2,400 course fee for all participants + \$1,080.00 (6 credits are for undergraduate students X \$180.00/credit) cost of credit. The price includes all Belize related costs, lodging, designated excursions, and activities. Program cost does not include airfare, visa, gear, personal needs, individual travel, or other activities outside the established program schedule. A \$1,500.00 non-refundable deposit is due on or before March 1, 2024. The final balance is due on or before April 1, 2024. A full refund, less the \$1,500.00 non-refundable deposit, will be made if written notice of cancellation is received by April 1, 2024.

No refunds will be made after April 1, 2024 nor will refunds be made to students not present for the program or for those who drop out after the course begins. **If a student/community member is unable to attend the trip and does not notify the instructor or Center for Learning and Innovation by April 1, 2024 the student/community member is financially responsible payment in full.** Full refunds will be processed if the program is canceled or if you are not accepted. Center for Learning and Innovation reserves the right to cancel classes and to make changes as necessary. Returned checks are assessed a \$20.00 service charge.

Students: You must be 18 years of age, with a 2.5 GPA prior to departure to participate in this course, and have completed 24 university credits. Students who earned probationary academic status at the end of the spring term will forfeit the course fee and will not be allowed to participate. Participants must register for 6 credits. Participants must remain on-site May 19-June 12, 2024.

___ ANTH 497 Maya Archaeology Field School in Belize (must have completed ANTH 107), 6 credits, \$180/credit, CRN TBD

Method of Payment for \$1,500 non-refundable deposit is due by March 1, 2024.

- Check or Money Order: Payable to Western State Colorado University to the Center for Learning and Innovation, 303 Taylor Hall
- Credit Card: Phone the Cashier's Office at 970.943.3003 or pay in person at Taylor 314 (9am-4pm, Mon-Fri).

Final Payment Balance due by April 1, 2024.

- Check or Money Order: Payable to Western State Colorado University.
- Credit Card: Phone the Cashier's Office at 970.943.3003 or pay in person at Taylor 314(9am-4pm, Mon- Fri).

Return this form to Center for Learning & Innovation, Taylor 303, Gunnison, CO 81231;
Center@western.edu



Statement of Responsibility, Release and Agreement to Participate in an
International Program in Belize

I, _____, have agreed to participate in the **Maya Archaeology Field School** Program (“the Program”), located in Belize by Western State Colorado University (University). 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 overseas, and, more specifically, in the country 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 while outside the United States; and, I absolve the University of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and /or expenses I may incur while I am abroad. I agree to report to the University 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 University 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 University 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 University’s obligations as to the Program shall be deemed waived by me. The University is not responsible for penalties assessed by air carriers that my result due to operational and/or itinerary changes, regardless of whether the University makes a flight arrangement. Any additional expense resulting from the above will be paid by me. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.
3. I understand and acknowledge that the University assumes no responsibility or liability for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries, losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, 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 University’s control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property are at my risk entirely throughout the Program and any travel incident thereto.



WESTERN COLORADO UNIVERSITY

CENTER FOR LEARNING
& INNOVATION

The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's sole discretion, to require that all participants return to the United States if the University determines or believes that any person is will be in danger if the Program or any aspect thereof is continued.

4. The University 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 University, which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program in the sole discretion of the University, and I may be referred to the appropriate University officials for further disciplinary action. I understand and hereby acknowledge that I will be subject to discipline by the University, as well as by and institution I attend or in whose facilities I reside 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 abroad. I agree not to challenge in any forum or proceeding the authority or jurisdiction of the University to discipline me at any time for my misconduct abroad, during or in connection with the Program or any travel related thereto.
5. I understand and hereby acknowledge that I have reviewed the U.S. State Department Consular Information concerning travel to, in and around Belize at http://travel.state.gov/travel/tips/tips_1232.html and travel alerts at http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html. I am aware of and understand the risks and dangers of travel to, in and around Belize 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 to, from, in or around Belize.
6. If I enroll in the Program I am required to participate in various field trips and activities traveling to other locations, during the Program, including, without limitation, trips to the area surrounding Belize.
7. If I choose to travel to locations other than the course's required field trips, I hereby acknowledge that these trips are not sponsored or controlled by the University, that my participation in them is not required by the University and that my participation in them is wholly voluntary. I understand and hereby acknowledge that I will face an increased and inherent risk of injury, disease or death due to these independent trips. I further acknowledge that during the trip I may be a great distance and many hours from the nearest medical care or treatment, that available medical treatment is not likely to equate with the level of care available in many U.S. hospitals. I hereby assume, knowingly and voluntarily, all risk of injury, death, and property damage in connection with the about trips, as well as my travel to, from, in or around Belize. I agree not to travel to any other country or location prohibited by the University during the Program (including without limitation periods of independent travel) without the prior written consent of the University.
8. I agree not to use or possess any illegal drugs or substances, understand that doing so will place me and others at risk. I agree that if I (or my minor child or ward) fail to abide by agreements herein, I

Return this form to Center for Learning & Innovation, Taylor 303, Gunnison, CO 81231;
Center@western.edu



WESTERN COLORADO UNIVERSITY

CENTER FOR LEARNING
& INNOVATION

(or he/she/they) 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 and if inappropriate behavior occurs, I understand I will be dismissed from the program.

9. 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.
10. Physical Requirements—Students will be required to participate in every aspect of the archaeological fieldwork conducted during the research of the archaeological site, both in the field and in the field laboratory. In order to participate in the daily fieldwork, students will need to be physically able to hike one hour each day in order to access the site. Many of the site tours will require this same physical ability. Summer in Belize is the rainy season and the climate ranges from hot and humid to cool and rainy. Students should anticipate both kinds of weather and should drink plenty of water at all times. The first day of the field school will be devoted to acclimating (by drinking several liters of water) and orientations.
11. As lawful consideration for being permitted by Center for Learning & Innovation and Western State Colorado University 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 Center for Learning & Innovation, Western State University and the Trustees of the State Universities 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 University for any expense it might suffer as a result of said injury or treatment.

Student/Participant Signature: _____

Date: _____



WESTERN
COLORADO UNIVERSITY
CENTER FOR LEARNING
& INNOVATION

Emergency Contact Information

Student's Name: _____

_____(initial) I give my permission for Center for Learning & Innovation to communicate with the people below regarding information related to the Maya Archaeology Belize program for Summer 2023. Center for Learning & Innovation 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 the course.

-or-

_____(initial) I decline giving permission to Center for Learning & Innovation to contact the people below except in the case of emergency.

Contact 1

Name:	Relationship:
Address:	City, ST & Zip:
Cell Phone Number:	Email Address:

Contact 2

Name:	Relationship:
Address:	City, ST & Zip:
Cell Phone Number:	Email Address:

Contact 3

Name:	Relationship:
Address:	City, ST & Zip:
Cell Phone Number:	Email Address:



WESTERN COLORADO UNIVERSITY

CENTER FOR LEARNING
& INNOVATION

Insurance Information

Please Note:

- Each participant is responsible for any medical, rescue and/or evacuation expenses.
- Each participant must have current medical insurance.
- For our insurance records, answers to the following questions ARE REQUIRED to be supplied in detail. (Please bring copies of insurance card and prescription medication card to trip.)

Is applicant covered by any hospitalization and medical care policy? Yes No
Insurance Company Name:
Policy or Certificate #:
Prescription Medication Plan:
Address of Insurance Company:
Does the insurance company require pre-authorization? Yes No
If yes, please give phone number?

All information will remain confidential. Over the years, many students with a variety of medical/psychological difficulties have successfully completed our courses, but we must be aware of these conditions in order to best serve each participant. Failure to disclose such information could result in serious harm to the applicant and/or his or her fellow students. If you arrive at the trip start with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently forced to leave the trip because of that condition, you will be charged an evacuation fee and will not receive a refund of tuition.

Signature Required

The information provided on the following pages is a complete and accurate statement of the physical and psychological factors which may affect my participation in this trip. I realize that failure to disclose such information could result in serious harm to myself and/or fellow students and agree to indemnify and hold harmless Western State Colorado University if all relevant information is not disclosed. I also agree to notify Western State Colorado University should there be any change in my health status prior to my course start.

Consent is hereby given for the applicant to attend a Western State Colorado University trip and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary. I have read the description of the trip and I understand that the program is physically and mentally challenging with the potential to be in a remote and/or wilderness area.

Applicant's Signature and Date



WESTERN COLORADO UNIVERSITY

CENTER FOR LEARNING
& INNOVATION

Participant History: Past and Present Medical Issues

This information is only used by the Director of the program for health, life and safety issues while on the program. This is not to decide who participates on the program.

Conditions and Symptoms. Please circle or highlight any systems you may have experienced.

- High Blood Pressure
- Heart Disease
- Heart Murmur
- Irregular Heartbeat
- Family history of heart attack
- Tuberculosis
- Recent exposure to active TB
- Positive TB test
- Active Hepatitis
- History of Hepatitis
- Seizure Disorder
- Seizure within past year
- Bleeding Disorder
- Blood disorder/anemia/ sickle cell trait
- Chronic cough
- Recurrent lung infections
- Asthma
- Diabetes
- Hypoglycemia
- Anorexia Nervosa
- Bulimia
- Cancer
- Skin Problem
- Frostbite
- Circulation Problems
- Active Bed wetting
- Headaches
- Head injury with neurological Impairment
- Stomach Ulcers
- Intestinal Problem
- Heatstroke
- Bladder Infection
- Difficulty Urinating
- Kidney Problems
- Thyroid Problems
- Endocrine Problems
- Hearing Impairment
- Vision Impairment
- Motion Sickness
- Sleep Walking
- Broken Bones
- Neck Problem
- Back Problem
- Arm Problem
- Shoulder Problem
- Knee Problem
- Ankle Problem
- Leg Problem
- Foot Problem
- Currently Pregnant
- Special Diet
- Learning Disability
- Medical Equipment Devices
- Unexplained weight loss

Do you currently or regularly have any of the following symptoms?

- | | |
|---------------------------|---|
| Chest Pain/Pressure | Heart Palpitations |
| Unexplained Sweating | Frequent Shortness of Breath |
| Frequent Dizziness | Frequent Fainting |
| Heartburn | Muscle Cramps Intolerance of warm temps |
| Intolerance of cold temps | PMS or menstrual problems |

Other _____



WESTERN COLORADO UNIVERSITY

CENTER FOR LEARNING
& INNOVATION

If you have answered "YES" to any of the above items, please explain below. Include the following:

- What specific symptoms occur
- How long symptoms/conditions last
- Date of last occurrence
- How often symptoms occur
- How you care for symptom/condition
- How symptom/condition restricts your activity in any way, including your ability to run, lift, and climb

Issue	Detailed Description (including restrictions, if any)

A. List all allergies (Including food, medicines, bites, etc.) and the reaction caused.

- None
- Allergy 1. _____
- Allergy 2. _____
- Allergy 3. _____

B. List all medications you are using including psychiatric and over the counter medication.

- None
- Medication 1. _____
- Medication 2. _____
- Medication 3. _____

C. Required Immunization- Tetanus

- Tetanus Immunization must be within ten (10) years of your Western start Date: _____

Return this form to Center for Learning and Innovation, Taylor 303, Gunnison, CO 81231



WESTERN COLORADO UNIVERSITY

CENTER FOR LEARNING
& INNOVATION

D. Personal History:

- Have you been in counseling with a psychiatrist, or other counselor within the past 2 years? ___ Yes ___ No
- Are you currently in counseling/treatment with a counselor, psychiatrist, psychologist, or prescribing physician? ___ Yes ___ No
- When date was counseling/treatment terminated? _____
- What was the reason for counseling/treatment: _____
- Please arrange for a release of information with your counselor so we may contact him/her.
 - Name of counselor: _____ Number: _____
 - Name of Prescribing Physician: _____ Number: _____

E. Lifestyle:

- Do you use alcohol? ___ Yes ___ No
- Do you use tobacco? ___ Yes ___ No If yes, what?

- Do you currently have a substance abuse problem (alcohol or drugs)?
___ Yes ___ No.
 - If yes, describe. _____
- Do you have a history of substance dependency? ___ Yes ___ No
 - If yes, substance? _____

F. Current Exercise Activity/Fitness. Please list current exercise activity.

ACTIVITY	FREQUENCY	TIME/DISTANCE	LEISURELY	MODERATELY	INTENSLY

Comments: _____

G. Please list any special dietary needs: _____

Signature: _____ Date: _____