Dear Study Abroad Ancient Maya Student (ANAR 100):

Welcome! On behalf of the Department of Anthropology, I would like to thank you for your interest in the four-unit study abroad course to be held in Mexico during Spring Break 2018. The course is considered part of Spring Quarter, 2018, so if you are enrolled then you will not have to pay additional tuition. Instead, you may take your full Spring load plus ANAR 100!

During this year’s course, we will visit 18 ancient Maya cities in the rainforests of Mexico’s Yucatan Peninsula, take a boat ride in the Usumacinta river, visit the world’s largest bat cave, and swim in a sacred cenote (sink hole/cave). This is the 14th year of the program at UCSD, and it promises to be an exciting one.

The following pages and a separate attachment contain information that should answer most of the questions you may have about the program. Please remember that it is open to UCSD students, students from other colleges or universities, family members, and friends.

If you have any questions that are not answered here, please feel free to contact me by e-mail at: gbraswell@ucsd.edu. I also would be happy to meet with you at UCSD if you have any particular concerns.

The rest of this attachment contains a program itinerary and a complete application package. The application, which should be completed and either brought or mailed to me at the Department of Anthropology, consists of:

(1) An enrollment form (1 page);
(2) Two liability forms (3 pages total);
(3) A medical form (1 page) to be filled out by your physician; and
(4) A Program Fee agreement form (1 page).

The separate attachment contains a course handbook, which explains a lot about what we will do everyday, what to expect, and what to bring to Mexico.

I look forward to seeing you in Mexico over Spring Break!

Sincerely,

[Signature]

Prof. Geoffrey E. Braswell
Department of Anthropology, UCSD
9500 Gilman Drive, MC 0532
La Jolla, CA 92093-0532
Ancient Mesoamerica—Art & Cities of the Maya
During Spring Break, 2018!

Explore 18 ancient Maya dating from 800 B.C. to A.D. 1540 including: Chichen Itza, Palenque, Yaxchilan, Uxmal, Calakmul, Bonampak, Mayapan, Sayil, Labna, Kabah, Becan, Chicanna, Xpuhil, Hormiguero, Balamku, Hochob, Santa Rosa X tampak, and Tabasqueno

• Visit beautiful colonial city of Merida
• Boat on the Usumacinta River, visit bat cave, swim in sacred cenote of the ancient Maya.
• Professor lectures on Maya archaeology, ancient art and writing systems, contemporary indigenous society, and much more
• Enjoy true Yucatecan cuisine and delicious seafood!

Ancient Mesoamerica – Art & Cities of the Maya
Program Fees*

Payment and Deadlines:
Program fees for all Hotels, Ground Transportation, Breakfasts & Lunches, Admissions … $1395
No additional tuition or campus fees!
Program fee due no later than February 1, 2018.

*Tuition and campus fees are included if you are registered in Spring 2018. You cannot participate without being registered in the course.
2018 UCSD Summer Session Enrollment Form
Ancient Mesoamerica – Art and Cities of the Maya – ANAR 100

Complete sections 1-11. Please type or print clearly. Limited space available. Submit application to:
Dr. Geoffrey E. Braswell, Dept. of Anthropology, UCSD, 9500 Gilman Drive, MC 0532, La Jolla, CA 92093-0532.

1. STUDENT INFORMATION

UCSD Student ID#___________________________

(Full legal name) Last First Middle

Address

City/State/Zip

(____)__________ (____)__________ @
Day Phone Evening Phone E-Mail Address

Birthday ___/___/____

Other Names on File at UCSD__________________________ Male____ Female____

2. COURSE AND PROGRAM FEE (March 24 – April 1, 2018)

<table>
<thead>
<tr>
<th>Session</th>
<th>Course/Number</th>
<th>Grading Option</th>
<th>Program Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2018</td>
<td>ANAR 100</td>
<td>☐ Letter Grade ☐ Pass/ No Pass</td>
<td>Undergrad/Grad</td>
</tr>
</tbody>
</table>

Program Fee: Hotels, two meals/day, ground transportation, admissions, subject to change. Tuition & campus fees are included as part of Spring 2018 bill for full-time, registered students for Spring 2018

$1395.00

3. Physician’s Report of Medical Examination: A form will be provided. Mail to the address on this form. Your physician must indicate you are in good health to participate.

4. Do you have any physical limitations that may affect your participation in this program? Yes ___ No ___ If yes, please describe your special needs and submit with this enrollment form.

5. Do you have any dietary concerns that will affect your ability to participate in this program? Yes ___ No ___ If yes, please describe your special needs and submit with this enrollment form.

6. Insurance: Proof of adequate medical insurance is required. Coverage is available from the UCSD Student Health Center, (858) 534-2123. A copy of your medical insurance card must be submitted to the professor by February 1, 2018.

Name of Insurance Company__________________________ Phone____________________

Policy Number__________________________ Policy Holder Name____________________

7. Student Directory: Would you like your name and contact information released to other students in the Program? Yes ___ No ___.

8. Travel Documents: Participants are responsible for obtaining and bringing their passports, and, if required (for some non-US citizens) for obtaining the proper visas. Participants are advised that international travel is subject to both political conditions that are beyond control of the University.

9. Student Status:

☐ UCSD Undergraduate
☐ UCSD Graduate
☐ Teacher Education Program
☐ Attend other UC________
☐ Attend 2-year College:

☐ Attend other 4-year College or University:

☐ I’m not a student

10. How did you hear about the Mexico study abroad program?

11. Payment:

Please wait until you have heard from Dr. Braswell that you have been accepted into the program. At that point, you will be asked to pay the Program Fee of $1395. Payment must be received by 1 February, 2018. You also are responsible for registering for the course. Finally, you must purchase an airline ticket, as described in the Program Handbook. There is no reimbursement of any portion of the Program Fee of $1395 once payment has been received, unless the program is cancelled.

I have read and understand this entire application, especially that reimbursement of the Program Fee, in part or in full, will not be made.

X__________________________
Date____________________

Signature Date
WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Participant’s Name: ___________________________________________________________________________
(Please Print)

Waiver: In consideration of being permitted to participate in a UCSD Department of Anthropology Travel Study Program, hereinafter referred to as “The Program,” I hereby certify that I understand and agree with the following terms of my participation in The Program. I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and covenant not to sue The Regents of the University of California, its officers, employees, volunteers, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees, and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Program.

_______________________________________
_______________
Signature of Participant (Student) Date Travel Study Program (Mexico)

Assumption of Risks: Participation in The Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint, or back injuries, heart attacks, and concussions; to (3) catastrophic injuries including paralysis and death. I have read the pre-departure material and I understand that while representatives of UCSD Summer Session will make every effort to assist me in the event of emergency, responsibility for my safety and welfare is mine alone. Moreover, I accept any and all financial burdens that may result from such injuries or accidents related to my participation in The Program.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in The Program. I hereby assert that my participation is voluntary, informed, and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees brought as a result of my involvement in The Program and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law for all claims and demands or liabilities which I or my heirs, representatives, executors, administrators, or any other persons acting on my behalf may have against The Regents by reason of any acts of war, armed conflicts, terrorism, other civil uprisings, accident, illness, or injury or other consequences arising or resulting directly or indirectly from my participation in The Program and occurring during The Program, any air flights or other travel associated with The Program, or any time subsequent thereto.

It is the intention of the undersigned by this instrument, to exempt and relieve The Regents of the University of California from liability for personal injury, property damage, or wrongful death.

_______________________________________
_______________
Signature of Participant (Student) Date Birthdate (mo/day/yr)

Please indicate person to notify in case of emergency: ____________________________
Relationship ___________________________ Address ___________________________
Telephone ____________________________
DEPARTMENT OF ANTHROPOLOGY

AGREEMENT TO RELEASE THE DEPARTMENT OF ANTHROPOLOGY, ITS FACULTY, STUDENTS, AND STAFF, AND AFFILIATED PROGRAMS FROM ALL LIABILITY

1. I ______________________, voluntarily agree to participate in the University of California, San Diego (herein after referred to as UCSD) Department of Anthropology Study Abroad Program in Mexico (UCSD courses ANAR 100) to be held from March 24 to April 1, 2018.

2. I am aware that participation in the event/activity described above in Paragraph 1 may be hazardous. I also acknowledge that my participation in the event/activity is voluntary, and that I am participating with full knowledge of the danger involved. I hereby agree to accept any and all risks of injury or death, and verify this statement by placing my initials here: __________________.

3. I accept all financial burdens for any physical mishaps, accidents, or medical conditions that may arise as a result of participating in the event/activity described in Paragraph 1, and agree that I, my assignees, heirs, legal representatives, distributees, and guardians will not make a claim against, sue, or attach the property of UCSD or any of its agents, officials, employees, or volunteers for costs related to medical or psychiatric treatment, emergency evacuation, or repatriation of my mortal remains. By signing this release form, I, ______________________, agree to accept all such potential financial burdens.

4. As consideration for being permitted by UCSD, through its authorized agent, or through one of its affiliated organizations, to participate in the event described above in Paragraph 1, I ______________________, hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of UCSD or any of its agents, officials, or employees, for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, guest or invitee, volunteer or contractor of UCSD or any of its affiliated organizations as a result of my participation in the event/activity described above in Paragraph 1. I further hereby release UCSD, any of their agents, officials, employees, volunteers, or affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the event/activity described above in Paragraph 1.

5. I accept all financial burdens for legal representation that I may require as a result of participating in the event/activity described in Paragraph 1, and I agree that I, ______________________, my assignees, heirs, legal representatives, distributees, and guardians will not make a claim against, sue, or attach the property of UCSD or any of its agents, officials, employees, or volunteers for legal costs related to or incurred as a result of my participation in the event/activity described in Paragraph 1.

6. I agree not to transport, buy, use, sell or otherwise engage in the traffic or consumption of illegal substances while participating in the event/activity in Paragraph 1. By placing my initials here, I agree to maintain U.S. Government standards of a Drug Free Work place while participating in the event/activity described in Paragraph 1: _____________.

(Name of Student Releasor)

(Initials of Student Releasor)
7. The undersigned hereby authorizes the Regents of the University of California and their agents to photograph, videotape, audio record, televise, duplicate and/or transfer to any present or future technology images and/or recordings of ___________________________ while a participant in the event/activity described in Paragraph 1. I agree that the Regents of the University of California, its authorized agents, employees, and assignees may use the photographs, videotapes, and/or audio recording prepared there from, to reproduce, exhibit, publish, or distribute in such a manner as they deem fit. No compensation will be paid for this use.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND UCSD AND/OR ITS AFFILIATED ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO THE DEPARTMENT OF ANTHROPOLOGY AND ITS FACULTY. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed at____________________, ____________________, _______________, on ________________________.
(City) (State) (Country) (Month/Day/Year)

STUDENT RELEASOR

____________________________________  __________________________________
(Print Name) (Signature)

WITNESS

I certify that __________________________ acknowledged in my presence that _________ read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

Executed at____________________, ____________________, _______________, on ________________________.
(City) (State) (Country) (Month/Day/Year)

___________________________________  __________________________________
(Print Name of Witness) (Signature of Witness)

___________________________________  __________________________________
___________________________________  __________________________________
(Typed or printed name and address)

Phone Number: (   ) ______________
This person is an applicant for a nine-day study abroad program in Mexico offered by UCSD. The program requires visiting archaeological sites, some of which are at high altitude (6000 ft) or in hot (95°F) and humid environments. Students may walk up to 5 miles per day. No hiking or carrying of heavy loads is required, but students will need to carry water and personal effects. All the sites are official parks open to tourists. Please note that Americans with Disability Act (ADA) accommodations are not available in Mexico.

**Physician’s Report of Medical Examination:** Please check the items below if they are considered ABNORMAL. Indicate under “Remarks” the pertinent details and your impression of their importance.

A. Standard Physical Examination
   - ______ Past History
   - ______ Present History

B. Special Attention Areas
   - ______ Past History
   - ______ Present History
   - ______ Ears and Sinus
   - ______ Respiratory System
   - ______ Cardiovascular System
   - ______ Physical Fitness
   - ______ Life Threatening Allergies, Asthma, and Emphysema
   - ______ Emotional and Psychological Stability
   - ______ Other

**Physicians Remarks:**
_______________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

____ Approval (I find no conditions that I consider incompatible with this program.)
____ Disapproval (The applicant has conditions that, in my opinion, constitute unacceptable hazards)

(Please Print)

Physician’s Name: ___________________________ ‘Phone (Business): ___________________________
Address: ___________________________ City/State/Zip: ___________________________

Physician’s Signature: ___________________________
Date: ___________________________
DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION
AGREEMENT TO PAY ALL PROGRAM FEES AND TUITION UPON REGISTRATION

The Spring Session course *ANAR 100, Study Abroad: Ancient Mesoamerica* has an associated program fee of $1395. This special fee pays for hotels, ground transportation in private vehicles and on boats, all breakfasts and lunches as well as two dinners, and admission to all the archaeological sites, museums, and attractions we will see during the course. There are no additional tuition or campus fees if you are enrolled fulltime on campus in Spring 2018.

I understand that when my application (consisting of an application form, two liability waivers, a medical form, and this agreement form) is approved, I must pay the program fee of $1395. Payment must be received by February 1, 2018.

Upon approval of my application, I will be cleared for registration and may do so online. After being accepted into the program and paying the special program fee, *I understand that there will be no reimbursement, partial or complete, of the program fee of $1395* if I later decide to drop out of the study abroad program.

I have read and understand this document.

STUDENT SIGNATURE: __________________________________________ DATE: ________________

PRINTED NAME: ___________________________________________