Dear Study Abroad Student of the Ancient Mediterranean World

Welcome! On behalf of the Department of Anthropology and UCSD Summer Session, I would like to thank you for your interest in the eight (or 12) unit study abroad course to be held in Malta, Sicily, and Campania, Italy, 24 August-8 September 2017. During this year’s course, we will visit 30 ancient sites, 12 museums, and numerous other exciting places on the seacoast and in the mountains of the Mediterranean region. This is the very first time this program has been offered at UCSD, and it promises to be very exciting.

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 qualified UCSD students, students from other colleges or universities, family members, and friends. This may be the only course you take with your parent!

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) An application essay (1 page) explaining why you want to come on the course;
(3) Two liability forms (3 pages total);
(4) A medical form (1 page) to be filled out by your physician; and
(5) 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 Malta and Italy.

I look forward to seeing you in the Mediterranean!

Sincerely,

Prof. Geoffrey E. Braswell  
Department of Anthropology, UCSD  
9500 Gilman Drive, MC 0532  
La Jolla, CA 92093-0532
Ancient Mediterranean World – Malta, Sicily, & Campania

ITINERARY*

Day 1: Fly to Malta, welcome dinner. (Night: Bugibba, Malta)

Day 2: Skorba, Ta’ Hagratt, Mdina Cathedral, Domus Romana, St. Paul’s Catacombs, Buskett Gardens (Night: Bugibba, Malta)

Day 3: Mnajdra, Hagar Qim, Blue Grotto, Hal Salflieni Hypogeum, Tarxien Temples, Ghar Dalam Cave (Night: Bugibba, Malta)

Day 4: Boat to Gozo, Ggantija Temples, Windmill, Xaghra Circle, Azure Window, Gozo Museum (Night: Bugibba, Malta)

Day 5: National Museum, St. John’s, Grand Master’s Palace, St. Elmo Fort, Inquisitor’s Palace, ferry to Sicily (Night: Siracuse)

Day 6: Duomo, Archaeology Museum & Park, Castello Eurialo, Megara Hyblaea (Night: Catania)

Day 7: Taorina, Mount Etna tour (Night: Catania)

Day 8: Casale Imperial Villa, Eraclea Minoa, beach day (Night: Agrigento)

Day 9: Valley of the Temples & museum (Night: Agrigento)

Day 10: Selinunte, Cusa Cave, Monreale, La Martorana, Capuchin Catacombs (Night: Palermo)

Day 11: Segesta, boat trip, Mozia, Erice, ferry to Italy (Night: ferry)

Day 12: National Museum, Naples walk (Night: Naples)

Day 13: Paestum, Velia, Amalfi Coast (Night: Naples)

Day 14: Pompeii, Boscoreale (Night: Naples)

Day 15: Herculaneum, Oplontis, Stabia (Night: Naples)

Day 16: Return to San Diego! *Itinerary may change because of local conditions

Earn 8 to 12 University of California academic units in Anthropology

135S: Ancient Mediterranean World, August 24-September 8. Visit 30 ancient sites, 12 museums, and climb an active volcano. Program led by Professor Geoffrey E. Braswell, UCSD.

Geoffrey E. Braswell
Dept. Anthropology, UCSD
9500 Gilman Drive, MC 0532
La Jolla, CA 92093-0532
(858) 822-0726
gbraswell@ucsd.edu
The Ancient Mediterranean World – Malta, Sicily & southern Italy
For the Adventuresome! August 24 - September 8, 2017

- Explore 30 ancient sites dating from 10,000 years ago through the Middle Ages, including Pompey, Herculaneum, Paestum, the Valley of the Temples, Hal Sallfieni Hypogeum, the Catacombs of Palermo, Ggantija Temples, and many more!
- Visit 10 museums including: The National Archaeology Museum of Naples, the National Museum of Malta, and the Archaeological Museum of Salermo
- Study the ancient Neolithic monuments of Malta, see the best preserved Greek temples in Europe, as well as Phoenician, Carthaginian, and Roman cities and villas, and Medieval castles and cathedrals
- Bathe in the Mediterranean, climb an active volcano, enjoy the beautiful Amalfi Coast
- Sail from island to island in the Mediterranean Sea
- Enjoy true and delicious Sicilian, Campanian, and Maltese cuisine!

The Ancient Mediterranean World – Malta, Sicily & Southern Italy
Program Fees**
Undergraduate and Graduate Students

Payment and Deadlines:
Course Fees = Hotel Rooms, Ground Transportation, Breakfasts & Lunches, Admissions …. $2495**
Amount due in full after acceptance into the program and no later than Friday, June 2, 2017
Check or money order must be made out to UC Regents.

** Eight or 12 units of credit are not included. You must pay tuition directly to UCSD Summer School
2017 UCSD Summer Session Enrollment Form  
The Ancient Mediterranean–Malta & Italy– ANAR 135S

Complete sections 1-12. 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 FEES (8-22 August, 2016)

<table>
<thead>
<tr>
<th>Session</th>
<th>Course/Number</th>
<th>Grading Option</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Session II</td>
<td>ANAR 135s</td>
<td>Letter Grade</td>
<td>Undergrad/Grad</td>
</tr>
<tr>
<td></td>
<td>ANTH 198</td>
<td>Pass/ No Pass</td>
<td>$2495.00</td>
</tr>
</tbody>
</table>

Program Fees: Hotels, two meals/day, ground transportation, all admissions  
Course registration will be completed when Fees and Tuition are paid

3. Statement of Purpose: Attach a one-page essay describing why you want to participate.

4. 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.

5. Do you have any physical limitations that may affect your participation in this program?  
No___ Yes___ If yes, please describe your special needs and submit with this enrollment form.

Do you have any dietary concerns that will affect your ability to participate in this program?  
No___ Yes___ 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 Summer Session Office by June 2, 2017.

Name of Insurance Company__________________________  Phone___________________

Policy Number_________________________ Policy Holder Name_____________________

7. Student Directory: Yes I would like my name and contact information released to other students  
in the Program? Yes___ No___ I do not want my contact information released.

8. Travel Documents: Participants are responsible for obtaining and bringing their passports, and, if  
required (for some non-U.S. citizens) for obtaining a Mexican visa. Participants are advised that  
national travel is subject to both political and diplomatic conditions that are beyond control of the  
University.

9. Signature and Date: I have read and understand the rules for the 2017 Overseas Summer Session  
Anthropology Program regarding enrollment and fees. I also understand I am responsible for travel  
arrangements not included in the program, including flights to Malta and returning from Naples.

X__________________________
Signature

Date_______________________

10. Student Status: (Check One)

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

☐ Attend other 4-year College or University:

☐ I’m not currently a student

11. How did you hear about the study abroad program?

12. Payment:

Please wait until you have heard from Dr. Braswell that you have been accepted into the program.  
At that point, you will be instructed to bring a check for $2495 made out to the University of California  
Regents to the Cashiers Office.

If a check is not received by June 2, 2017, you will forfeit your spot on the course.

Refunds will be made only to students who have lost their space on the course, and to all students in  
the case that the course is cancelled.

You are responsible for additional course tuition fees, payable to UCSD Summer School (please see  
footnote on page above) and for purchasing an airplane ticket, as described in the Program Guide.

______________________________________________________________________________
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 Summer Session sponsored 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, 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 (Malta & Italy)

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: _______________________________  Telephone _____________________
Relationship __________________   Address ________________________________________________________________________
DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION
AGREEMENT TO RELEASE THE DEPARTMENT OF ANTHROPOLOGY, ITS FACULTY AND STAFF, AND AFFILIATED PROGRAMS FROM LIABILITY

1. I ________________________, voluntarily agree to participate in the University of California, San Diego (herein after referred to as UCSD) Department of Anthropology and Summer Session Program in Malta & Italy (UCSD courses ANAR 135s and ANTH 198) to be held from August 24 to September 8, 2017.

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, or employees, 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, 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 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, or employees, 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 Workplace while participating in the event/activity described in Paragraph 1: ________________.

(Name of Student Releasor)
7. The undersigned hereby authorizes the Regents of the University of California and their appointed 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 SUMMER SESSION. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed at____________________, ____________________, ___________________, on ________________, 2017. (City) (State) (Country) (Month/Day)

STUDENT RELEASER

____________________________________  ______________________________________
(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 ________________, 2017. (City) (State) (Country) (Month/Day)

___________________________________   ______________________________________
(Print Name of Witness)      (Signature of Witness)
___________________________________
___________________________________
___________________________________
(Typed or printed name and address)

Phone Number: (  ) ______________
This person is an applicant for a two-week study abroad program in Mexico offered by UCSD. The program requires visiting archaeological sites, some of which are near sea-level and in hot (98°F) and humid environments, others of which are at high altitude (2000 m). Students may walk up to 5 miles per day, including at high altitude. No hiking or carrying of heavy loads is required, and all the sites are official parks open to tourists. Please note that Malta and Italy do not provide disability access as required in the U.S.A. by the Americans with Disabilities Act. Moreover, no ADA accommodations will be provided by UCSD to students while in Malta or Italy.

**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, clearly 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 Summer Session courses ANAR 135S, Study Abroad: The Ancient Mediterranean has an associated program fee of $2495. This special fee pays for hotels; ground transportation in private vehicles and on boats; all breakfasts and lunches as well as several dinners; and admission to all the archaeological sites, museums, and attractions we will see during the course. It does not include Summer Session tuition and fees.

I understand that when my application (consisting of an application form and essay, two liability waivers, a medical form, and this agreement form) is approved, I must pay the program fee of $2495. Payment may be made by check made out to “University of California Regents.” The check must be delivered to the Cashier’s Office at UCSD by June 2, 2017.

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 $2495 if I later decide to drop out of the study abroad program.

I have read and understand this document.

STUDENT SIGNATURE:_____________________________________________  DATE:_____________ , 2017

PRINTED NAME:___________________________________________________