8 January 2019

Dear Study Abroad Ancient Mesoamerica Student (ANAR 155):

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 Guatemala, Belize, and Honduras during Spring Break 2019. The course is considered part of Spring Quarter, 2019, so if you are enrolled then you will not have to pay additional tuition. Instead, you may take your full Spring load plus ANAR 155!

During this year’s course, we will visit 10 ancient Maya cities in the mountains, coast, and rainforests of Central America, take a boat ride in the Caribbean Sea from Guatemala to Belize, and visit the beautiful colonial city of Antigua, Guatemala. This is the 15th 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 itinerary and details about costs & what is included (2 pages);
(2) An enrollment form (1 page);
(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 Central America.

I look forward to seeing you in Guatemala, Belize, and Honduras over Spring Break!

Sincerely,

Prof. Geoffrey E. Braswell
Department of Anthropology, UCSD
9500 Gilman Drive, MC 0532
La Jolla, CA 92093-0532
Trip Itinerary*

March 24  See the gems of Iximche and colonial Antigua Guatemala. Night: Antigua.
March 25  See the ancient city of Kaminaljuyu and the Popol Vuh Musum, then drive to Copan, Honduras. Night: Copan.
March 26  Visit one of the world’s most glorious sites: Copan. We also will see the fabulous Sculpture Museum, the Museo de Copan, and the Sepulturas Ruins. Night: Copan.
March 27  Drive to Quirigua and see the tallest stelae in the world, then boat in the Caribbean to Punta Gorda, Belize. Night: Punta Gorda.
March 28  Experience Lubaantun of the famous Crystal Skull and Nim li Punit with Professor Braswell, the archaeologist of these sites! Night: Melchior de Mencos
March 30  Spend day at fabulous Tikal and fly to Guatemala City. Farewell dinner. Night: Guatemala City.
March 31  Transfer to airport & fly home to California!

*Preliminary itinerary is subject to change, if conditions warrant.

Just $1395 plus airfare and a total of 6 meals. Tuition is included as part of your Spring Quarter bill and financial aid maybe available in the Spring.

Spend Spring Break in Central America earning university credit!
Earn 4 University of California academic units in ANAR 155: Ancient Mesoamerica. March 23-31. During Spring Break, visit ten archaeological sites and museums. Program led by Professor Geoffrey E. Braswell, UCSD, Department of Anthropology.

**Ancient Mesoamerica—Art & Cities of the Maya**

**For the Adventurous!**

March 23 – 31, 2019

- Explore ancient Maya cities in three countries dating from 800 B.C. to A.D. 1540 including: Tikal, Copan, Quirigua, Yaxha, Nakum, Iximche, Lubaantun, Nim li Punit, & Kaminaljuyu.
- Visit five museums: Popol Vuh Museum, Miraflores Museum, both Copan Museums, & Tikal museum.
- Visit beautiful colonial cities: La Antigua Guatemala, Flores, & Copan
- See Guatemala, Honduras, and Belize!
- Take boat trip in Caribbean from Guatemala to Belize
- Professor lectures on Maya archaeology, ancient art and writing systems, contemporary indigenous society, and much more
- Enjoy true Central American cuisine and delicious seafood!

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

**Program Fees**

**Payment and Deadlines:**

Program fees for all Hotels, Ground Transportation, Breakfasts & Lunches, Admissions … $1395

If you are a full-time student in Spring Quarter, you may take this on overload for no additional tuition. The program fee will be added to your Spring Quarter tuition bill. Roundtrip airfare is not included. You may qualify for financial aid retroactively for Spring Quarter.

Applications will be taken until the course is full. You cannot enroll without completing this application.
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 (August 16-September 1, 2015)

<table>
<thead>
<tr>
<th>Session</th>
<th>Course/Number</th>
<th>Grading Option</th>
<th>Program Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2019</td>
<td>ANAR 155</td>
<td>Letter Grade</td>
<td>Undergrad/Grad</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pass/ No Pass</td>
<td>$1395.00</td>
</tr>
</tbody>
</table>

Program Fee: Includes hotels, two meals/day, ground transportation, admissions, exact itinerary subject to change. Tuition and campus fees are included as part of Spring 2019 bill for full-time, registered students. Airfare is not included.

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? No___ Yes___ If yes, please describe your special needs and submit with this enrollment form.

5. Do you have any dietary concerns that may affect your ability to participate in this program? No___ Yes___ If yes, please describe your special needs and submit with this enrollment form.

6. Student Directory: 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.

7. Travel Documents: Participants are responsible for obtaining and bringing their passports, and, if required (for some non-US citizens) for obtaining the proper visas. If you do not get the visas or a passport in time, your program fee cannot be reimbursed—this is your responsibility. Participants are advised that international travel is subject to both political conditions that are beyond control of the university.

8. Rules & Regulations: I have read and understand the above rules for the 2019 ANAR 155: Ancient Mesoamerica Program regarding the program fee. I understand I am responsible for travel arrangements not included in the program, including all flights, and responsible for obtaining my own visas and passport.

9. 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

10. How did you hear about the Maya 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 cleared to register and will be billed the Program fee of $1395 on your Spring Quarter bill. Please note that if you drop after registering, you will still be responsible for paying the program fee and there will be no reimbursement of it unless the course is cancelled. This is because we must pay the vendor in advance.

Tuition for this course also will be charged to your bill. Nonetheless, if you are a full-time student for Spring Quarter, there will be no additional tuition because this course is taken on overload. Thus, you may attend this program during Spring Break and then take a full load of course work on campus. Finally, you must purchase an airline ticket as described in the Program Handbook.

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 (Central America)

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 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
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 Central America (UCSD course ANAR 155) to be held from March 23 to 31, 2019.

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: _____________.
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

(Name of Student Releasor)

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
(Name of student releasor) (She/He)
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: ( ) ______________

NOTE: The “Witness” section must be filled out and signed by someone other than yourself who is at least 18 years old. Examples include a parent, another relative or a friend. This form cannot be accepted if the “Witness” section is not completely filled out.
This person is an applicant for a nine-day study abroad program in Central America 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 Central American countries, as sovereign nations, may not provide visitor accommodations that conform to the standards of the Americans with Disability Act (ADA).

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

AGREEMENT TO PAY ALL PROGRAM FEES AND TUITION UPON REGISTRATION

The Spring Quarter course ANAR 155, 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 associated with the program if you are enrolled full-time on campus in Spring 2019.

I understand that when my application (consisting of an application form, two liability waivers, a medical form, and this agreement form) is approved, I will be cleared for registration and may register online.

I understand that when I register, I must notify Prof. Braswell in writing that I have done so and that I will pay the program fee of $1395.

I understand that my Spring Quarter tuition bill will include this special program fee of $1395.

I understand that once I have registered and notified Prof. Braswell that I have done so, this charge will be posted to my bill and there will be no reimbursement, partial or complete, of the program fee of $1395 if I later decide to unregister from the course and drop the study abroad program. This is because the funds will be committed at that time for my participation on the trip. The program fee will be cancelled only if the program is cancelled.

I have read and understand this document.

STUDENT SIGNATURE: ___________________________ DATE: _________.

PRINTED NAME: ________________________________