



**Summer Field
 Course Application**

INSTRUCTIONS: Complete all sections of the form, print and mail to: James Conder, Director, SIUC Summer Field Geology Course, 1259 Lincoln Dr, Carbondale, IL 62901 or scan and email to: conder@geo.siu.edu. Be sure to apply early, as space is limited.

- Application Form
- Have one faculty familiar with your academic work e-mail their letters of recommendation directly to conder@geo.siu.edu.
- Provide proof of health/medical insurance (scan of your insurance card, include with application)

Name

Last _____ *First* _____ *Middle Initial* _____
Date of Birth _____ **Gender:** **M** **F**

Permanent Mailing Address

_____ *Street* _____ *City* _____ *ST* _____ *Zip*

Phone _____ **Cell** _____ **Email Address** _____

Emergency Contact Name _____ **Emergency Phone** _____

Currently Attending

_____ *College/University*

Letter of Recommendation: We require a letter of recommendation from a member of your faculty. It should be emailed to conder@geo.siu.edu.

Name of Faculty Member _____ *Email address* _____

List titles of and grades for all geology courses that you have completed to date and any additional geology courses that you will complete prior to taking the summer field course.

Cumulative GPA _____
Level
Junior
Senior
Graduate

<i>Course Name</i>	<i>Grade</i>	<i>Credit Hrs</i>
Physical Geology (or equivalent)		
Historical Geology		
Igneous/Met Petrology		
Structural Geology		
Sed/Strat.		

Do you have any physical condition that might be adversely affected by normal field course activities such as climbing, hiking, camping, etc.? Yes No

If "yes", please explain. Students attending field camp are required to carry health insurance for the duration of field camp.

I certify that all entries on this application are complete and accurate to the best of my knowledge.

_____ *Name of Student*

_____ *Date*

Assumption of Risk

LIABILITY RELEASE, WAIVER DISCHARGE AND COVENANT NOT TO SUE

Release executed by _____ (full legal name of Participant), whose address is _____, to the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Carbondale.

1.0 I desire to participate in the following activity/trip _____ (“Activity”), to be held on _____, and I fully understand and appreciate the dangers, hazards and risks inherent in the Activity, in the transportation to and from the Activity, which dangers include, but are not limited to _____ [if necessary, described in more detail in the attached] and which also could include serious, or even mortal injuries and property damage.

2.0 Knowing the dangers, hazards and risks of such activities, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the Activity, the transportation, and in any independent research or activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the Institution, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the “Releasees”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

3.0 I understand and agree that Releasees do not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

4.0 I understand that any personally owned automobiles used in conjunction with this Activity are not covered by the university for personal property damage or liability. I understand that if I utilize a personally owned automobile I am required to carry auto liability insurance as required by the State of Illinois and any state in which this activity involves. Further, if I agree to be a passenger in a vehicle that is not owned and/or operated by a University faculty member or representative, I hereby assume any and all risks that may be associated with riding in such vehicle and will hold the Releasees harmless from any and all loss, damage, injury or liability that may arise from such act.

5.0 It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a “Release, Waiver, Discharge and Covenant” not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in _____ (name of the Activity).

6.0 In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

7.0 I am voluntarily participating in this activity, despite the possible dangers and risks and despite this Release.

8.0 I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

9.0 I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

IN WITNESS WHEREOF, I have executed this release this ____ day of _____ 20 ____ .

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

STUDENT PARTICIPANT:

WITNESS:

(Signature)

(Signature)

(Printed Name)

(Printed Name)

SIUC PARTICIPANT AGREEMENT AND ASSUMPTION OF RISK FORM

NOTE: The Assumption of Risk Form must be signed by the participant's legal guardian if the participant is not of legal age.

Trip Description: _____

Dates: _____ Location: _____

Activity/Risk Description: _____

PARTICIPANT INFORMATION

Participant's Name: _____ Student ID#: _____

Permanent Address: _____ Date of Birth: _____ Sex: _____

City, State, Zip: _____ Home Phone: _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First: _____ Backup Contact (Relative or Friend): _____

Name: _____ Name: _____

Relation to Participant: _____ Relation to Participant: _____

Daytime Phone: _____ Daytime Phone: _____

Evening Phone: _____ Evening Phone: _____

Any medications you are allergic to: _____

List current prescriptions/medications: _____

INSURANCE POLICY INFORMATION

Yes No The above-named participant is covered by health insurance.

If yes, provide the following information, which is required by Southern Illinois University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name: _____ P.H. Date of Birth: _____

Address: _____ Relation to Participant: _____

City, State, Zip: _____ Occupation: _____

P.H. Employer's Name: _____

Employer's Address: _____

Insurance Company Name: _____

Insurance Company Address: _____

Policy #: _____ Plan #: _____