

**Fort St. Joseph Archaeology Summer Camp Program**  
**High School Students (entering grades 9-12)**  
**July 22-26, 2019**

To apply, please fill out the following forms and mail or email to the address listed below. Please print clearly and complete all blanks on this form.

Niles History Center  
 508 East Main Street  
 Niles Michigan, 49120  
 269-845-4054, ext.4010  
 mwatson@nilesmi.org

Review of the applications will begin on May 1, 2019, and candidates will be notified of their acceptance by June 1, 2019, or until the program is filled. Upon acceptance, a check for \$150.00 made payable to Western Michigan University must be received by July 1, 2019 to secure your place.

**Student's Information**

Student's Full Name		Nickname	
Address			
City	State	Zip	Phone Number
School	Grade Entering	Age	Date of Birth
Primary email			

**Parent/Guardian and Medical Information**

Parent/Guardian Name		Date of Birth	Cell Phone Number	
Address				
City		State	Zip	Home Phone
Place of Employment			Work Phone	

Parent/Guardian Name	Date of Birth	Cell Phone Number	
Address			
City	State	Zip	Home Phone
Place of Employment		Work Phone	

Doctor's Name	Doctor's Phone
Medical Insurance Provider	Policy #

**Emergency Contact Information: Address and phone numbers of two people to be called in the event that we cannot reach either parent/guardian.**

Emergency Contact Name			Cell Phone
Address			
City	State	Zip	Home Phone

Emergency Contact Name			Cell Phone
Address			
City	State	Zip	Home Phone

**Additional Information:**

Authorized Person for pick-up (in addition to parents/guardians and emergency contacts).

Does your child have any allergies and/or intolerances to food, medication or any other substance? What are the symptoms and action to be taken, if any? Attach additional sheets if necessary.

Students will be expected to spend full days surveying and excavating outdoors in all types of weather. If you have any physical disabilities that may inhibit your full participation, please describe these below. Attach additional sheets if necessary.

Will your child need to take any medicine while at camp? If yes, we will send you another form to complete before camp begins.

Yes  No

Briefly state your personal or academic reasons for wishing to participate in the program.

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Would you like us to contact you about scholarship availability? \_\_\_\_\_

## **Medical Release and Authorization**

As Parent and/or Guardian of the named student, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to Western Michigan University and its affiliates including staff, teachers, and students to provide the needed emergency treatment prior to the child's admission to the medical facility.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_, the parent / legal guardian of \_\_\_\_\_ have requested permission and have agreed to allow my child (the "Student") to participate in the Middle School Students Archaeological Field School (the "Dig") led by Western Michigan University ("WMU") on the 15 acre site adjacent to and including the Fort St. Joseph memorial boulder /marker owned by the City of Niles, Michigan ("City") during the period of July 22-26, 2019. The Student is not required to participate in this Dig. Participation is wholly voluntary on the part of the Student and me. In consideration of the City's agreement to permit the Student to participate in this Dig, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1. I represent and warrant that the Student will be covered throughout the Dig by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries the Student sustains or experiences. I hereby release and discharge the City from all responsibility and liability for any injuries (including death), illnesses, medical bills, charges, or expenses the Student incurs while on the Dig or in transit to or from the Dig.

2. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the City and its employees, agents, servants, officers, trustees, and representatives (in their official and individual capacities) from any and all liability, loss or damage that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs, or expenses, including attorney's fees, which arise out of, result from, occur during, or are connected in any manner with the Student's participation in the Dig and/or any travel incident thereto.

3. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify, defend, and hold harmless the City and its employees, agents, servants, officers, trustees, and representatives (in their official and individual capacities) from any and all liability, loss, or damage that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs, or expenses, including attorney's fees, which arise out of, occur during, or are in any way connected with the Student's participation in the Dig or any travel incident thereto.

4. I agree that this Waiver, Release, and Indemnification Agreement is to be construed under the laws of the State of Michigan; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it, I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

\_\_\_\_\_  
**(Signature of Parent/ Legal Guardian)**

\_\_\_\_\_  
**Name (Print)**

**Dated:** \_\_\_\_\_