

Fort St. Joseph Archaeology Summer Camp Program
Lifelong Learners & Educators
July 29 – August 2, 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. If there is a blank that is not applicable, write N/A in that space.

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.

Applicant's Information

| | | | |
|---------------|-------|---------------|--------------|
| Full Name | | Nickname | |
| Address | | | |
| City | State | Zip | Phone Number |
| Age | | Date of Birth | |
| Primary email | | | Gender |

Medical Information

| | |
|----------------------------|----------------|
| 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 of an emergency.

| | | | |
|------------------------|-------|------------|------------|
| Emergency Contact Name | | Cell Phone | |
| Address | | | |
| City | State | Zip | Home Phone |

| | | | |
|------------------------|-------|------------|------------|
| Emergency Contact Name | | Cell Phone | |
| Address | | | |
| City | State | Zip | Home Phone |

Additional Information

Campers 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.

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

Would you like us to contact you about scholarship availability? _____

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____, have requested permission and have agreed to participate in the archaeological 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 29- August 2, 2019. I am not required to participate in this Dig. My participation is wholly voluntary. In consideration of the City's agreement to permit me to participate in this Dig, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1. I represent and warrant that I will be covered throughout the Dig by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries I sustain or experience. I hereby release and discharge the City from all responsibility and liability for any injuries (including death), illnesses, medical bills, charges, or expenses I incur 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 my 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 my 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.

Dated: _____

(Signature)

Name (Printed)