University of Illinois at Urbana-Champaign Anthropology 454/455 (6 credits) Field School in Archaeology Summer 2020 (July 1 - July 31)

Project Director: Dr. Brandon T. Ritchison Georgia's Coastal Communities Archaeology Project

Application for participation.

Any questions can be answered via email: britch@illinois.edu

Date of Birth:

GCCAP Project Application Date:

You are applying to join a research project operating on a remote coastal island and under conditions which are quite challenging (heat and humidity, etc.) The project involves physical labor and the ability to live and cooperate in close quarters with others. This questionnaire helps to ensure that the project operates smoothly and that we have some ideas as to your skill, interests, strengths, and weaknesses prior to the beginning of the field season. Please try to answer as accurately and completely as possible. Thank you.

Name:

Address:

Phone #: Email: Major/Year (students): GPA: If on academic probation, explain why and if it will interfere with financial aid.

Name of Emergency contact: Relevant course work and/or experience: Phone:

Career goals and relationship to participation:

What do you expect from this experience?

What do you think your greatest contribution to the project can be?

We all have weaknesses, what do you consider yours to be?

What do you consider your strongest points?

Are you allergic to any insects, plants, food, etc.? If so, you will need to bring epinephrine pens. If you have other non-seasonal allergies, please be sure to bring the necessary medication and inform Dr. Ritchison.

Please consider the following conditions carefully and rate how you feel you would fare in the following conditions. You may augment answers with an explanation.

	Excellent	Good	Fair	Poor
Living Space				
Shared room	0	0	0	0
Dormitory living	0	0	0	0
Rustic facilities	0	0	0	0
Unusual food, limited diversity	0	0	0	0
Limited water availability	0	0	0	0
Wilderness experience	0	0	0	0
Work/camp in remote areas	0	0	0	0
Climatic Conditions				
Heat	0	0	0	0
Humidity	0	0	0	0
Tropical weather	0	0	0	0
Personal Characteristics				
Flexibility	0	0	0	0
Sense of humor	0	0	0	0
Observation skills	0	0	0	0
Patience	0	0	0	0
Curiosity	0	0	0	0
Experience with other cultures	0	0	0	0
Ability to work as in a team	0	0	0	0
Ability to follow directions	0	0	0	0
Initiative	0	0	0	0
Physical stamina	0	0	0	0
Do you smoke? YesNo)			

Skills (please indicate knowledge in any of these areas and extent of knowledge/ability)

Knowledge of foreign language (which ones):

Camping experience:

Backpacking/Hiking experience:

First aid experience:

Vehicle maintenance/repair:

Truck/4-wheel drive vehicle experience:

Experience with standard transmission:

Electronics/mechanic abilities:

Mapping/survey experience:

Computer skills:

Sketching/illustration ability:

Technical drawing/drafting abilities:

Professional writing:

Photography:

Please include any additional information about yourself in the space below or on the back of this page. Your answers will be carefully considered in the selection process and you will be notified when decisions have been reached for the next field season.

CHECK LIST

If you are interested in joining the project you need to begin preparations for your trip. If accepted to field school, I will email out an equipment list.

Print hard copy of the **disclaimer** on next page, sign and turn into Dr. Ritchison in his mailbox in 109 Davenport. Application will not be assessed until signed form received by Dr. Ritchison

AGREEMENT AND ACKNOWLEDGEMENT OF RISK FOR PARTICIPANTS ATTENDING:

DATE(S)

YEAR

THIS FORM IS AN ACCEPTANCE OF RESPONSIBILITY AND ACKNOWLEDGES AN UNDERSTANDING OF RISKS ASSOCIATED WITH THE ABOVE-REFERENCED ACTIVITY.

This document affects your legal rights. You must read and understand it before signing it.

NamePhoneAddressCityStateZip

ACKNOWLEDGEMENT OF RISKS

I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property. Risks include but are not limited to transportation accidents, weather related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks, but may also result from the use of equipment, materials, or facilities recommended by the University of Illinois, environmental conditions, from the acts or omissions of others, or from the unavailability of immediate and/or adequate emergency medical care. There is also the possibility that my engaging in such activities could cause injury or harm to a person other than myself.

The activity is described below:

Detailed description

I verify that I have no physical disabilities, impairments, or chemical dependencies that inhibit my participation in this Event.

I understand that the University of Illinois does not guarantee my personal health or safety at any point during this Event, nor does it protect me against risk of loss of my personal property.

I understand the University of Illinois does not assume responsibility for the actions of persons not employed by the University, for events that are not part of the Event, or that are beyond the control of the University or its contractors, or for situations that may arise due to the failure of the participant to disclose pertinent information. I understand and hereby acknowledge that I assume all risks incurred by my participation in the Event. In consideration of being allowed to participate in the Event, I hereby release the Board of Trustees of the University of Illinois, its officers, agents and employees (collectively "University of Illinois") from any and all claims arising out of or in any way connected with the Event and my participation in the Event, including but not limited to the risks as outlined above.

Code of Conduct

• I agree to follow the rules and regulation of this field school as described in the Field School Rules and Regulations document provided by Dr. Ritchison.

Acknowledgement of Responsibility

- I consent to medical treatment in the event of injury, accident and/or illness during the event.
- In the event I am injured or become ill while participating in this event I understand and agree that I will accept responsibility for any medical bills, including co-payments and deductibles.
- In the event I am injured or my property is damaged as a result of participating in this activity I will not seek reimbursement from the University of Illinois unless it is the sole negligence of the University of Illinois that caused my loss. I understand and agree to let the University of Illinois Claims Management office adjudicate the claim and will abide by their findings.
- In the event that while participating in this activity I cause harm to another person or another person's property I accept sole responsibility for my actions.

I understand and accept the risks; I understand and agree to abide by the code of conduct; and I accept responsibility for injury to myself; my own property; and harm to others that I have caused.

Participant Name

Parent/Guardian Signature

Date____