Application EBAP Excavation and Field School May 16 to June 26, 2027

All students should complete this form: whether enrolling for credit or volunteering.

Full name:

College/University	GPA:
Address:	Telephone:
Is this your permanent address? Yes ☐ No ☐	
Permanent Address:	Telephone:
E-mail Address:	
Date of Birth (DMY): 1 Jan	
Passport country:	Passport number:
Major field of study:	
Medical Insurance Number:	
Allergies (please be specific):	
Dietary specifications (vegetarian, lactose intolerant, etc.):	
Chronic injuries or health issues (ankles, back, asthma, etc.):	
Medications:	
How would you describe your general physical condition and ability to live in group settings?	

Emergency Contact

Name: Relationship to applicant:

Phone: Email

Signature of Applicant: **Date:**

The above information is true and correct on the date of signature. I have included the signed waiver and a short statement of interest, including relevant skills (drawing, mapping, physical work, etc.) along with this application. We also ask you to name a reference (professor, coach, employer) who can attest to your suitability to the rigors of this program.

Application for EBAP 2027 Excavation at Eleon/GRS 495 Practicum in Archaeology

RELEASE AND INDEMNITY AGREEMENT for OVER 19 YEARS of AGE

Read carefully. This document may affect your legal rights and those of your heirs or executors.

1. I, _____, (Name of Participant) acknowledge that I am aware that by participating in the University of Victoria Greek and Roman Studies excavation program in Greece (GRS 495: Practicum in Archaeology), I will be exposed to certain risks, including, but not limited to all risks associated with travel in a foreign country, which may result in injury to me, damage to or loss of my property or even death. I acknowledge that I have reviewed the materials given to me relating to the arrangements for travel, food and accommodation and I fully and voluntarily accept all the risks of participating in this program.
2. In consideration of the University allowing me to participate in the program and as a condition of my participation, I, on behalf of myself, my heirs, executors, administrators and assigns, hereby release the University of Victoria, members of its Board of Governors and anyone employed by the University, and their heirs, executors, administrators and assigns from any and all manner of claims, causes of action, and suits of any nature or kind whatsoever, however arising, including, but not limited to, claims for loss, damage or compensation arising out of the negligence of any employee or agent of the University of Victoria, and including (but not limited to) claims for injury to my person or property or death and I hereby waive any such claim, cause of action or suit that I might have against any of them in connection with my participation in the above activity.
3. During the program, I will follow the instructions of the Professor in charge and project directors. Should I refuse to follow any reasonable directions of the Professor, I acknowledge that I may be required to leave the project. In that event, I will be given reasonable assistance to return to Canada, but any financial liability arising from my leaving the trip for this or any other reason is my sole responsibility.
4. I also agree to abide by all local laws and regulations and to take responsibility for my own conduct, should I become liable to any person for any loss or damage which I have caused. I hereby agree to indemnify and hold harmless the University of Victoria, its Board of Governors, and anyone employed by or acting on behalf of the University against any liability for any cost, expense, loss, damage or claim for compensation of any kind whatsoever for which any of them may become liable as a result of my participation in the above activity.
5. I have been informed that to participate in this activity, I must have valid medical insurance against any health or dental care that I may require while on the project. I promise that I have such valid insurance and I agree to produce proof of it upon request.
6. If necessary, UVic will: i) disclose my full name, citizenship, date of birth, passport number and passport expiry date and level of study, gender, photograph, and flight information to institutions, individuals and/or organizations outside of Canada who are affiliated with, or used by, the field school program (this information will be used for reasons directly related to the field school program).
7. I acknowledge that I have read the above release and indemnity and I understand its contents. It has been explained to me that without this protection, the University of Victoria will not permit my participation in this activity and I agree that I do so solely at my own risk.
8. I am over the age of 19 years and have legal capacity to give this release and indemnity.

☐ **I have reviewed the EBAP 2027 Volunteer Information Sheet and acknowledge its contents.**

Signature Date

Application for EBAP 2027 Excavation at Eleon/GRS 495 Practicum in Archaeology

RELEASE AND INDEMNITY AGREEMENT for those UNDER 19 YEARS of AGE

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2. In consideration of the University allowing me to participate in the program and as a condition of my participation, I, on behalf of myself, my heirs, executors, administrators and assigns, hereby release the University of Victoria, members of its Board of Governors and anyone employed by the University, and their heirs, executors, administrators and assigns from any and all manner of claims, causes of action, and suits of any nature or kind whatsoever, however arising, including, but not limited to, claims for loss, damage or compensation arising out of the negligence of any employee or agent of the University of Victoria, and including (but not limited to) claims for injury to my person or property or death and I hereby waive any such claim, cause of action or suit that I might have against any of them in connection with my participation in the above activity.
3. During the trip, I will follow the instructions of the Professor in charge and project directors. Should I refuse to follow any reasonable directions of the Professor, I acknowledge that I may be required to leave the project. In that event, I will be given reasonable assistance to return to Canada, but any financial liability arising from my leaving the trip for this or any other reason is my sole responsibility.
4. I also agree to abide by all local laws and regulations and to take responsibility for my own conduct, should I become liable to any person for any loss or damage which I have caused. I hereby agree to indemnify and hold harmless the University of Victoria, its Board of Governors, and anyone employed by or acting on behalf of the University against any liability for any cost, expense, loss, damage or claim for compensation of any kind whatsoever for which any of them may become liable as a result of my participation in the above activity.
5. I have been informed that to participate in this activity, I must have valid medical insurance against any health or dental care that I may require while on the project. I promise that I have such valid insurance and I agree to produce proof of it upon request.
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7. I acknowledge that I have read the above release and indemnity and I understand its contents. It has been explained to me that without this protection, the University of Victoria will not permit my participation in this activity and I agree that I do so solely at my own risk.
8. Given that I am eighteen years of age, in addition to my signature is the signature of my parents who have also read and agree to the above provisions and have legal capacity to give this release and indemnity.

☐ **I have reviewed the EBAP 2027 Volunteer Information Sheet and acknowledge its contents.**

Signature Date

Parent's signature Date