

Foothill College Ireland Program: Castles in Communities

Application for Enrollment in Summer 2017

Roscommon, Ireland

Dates: July 2 – August 2, 2017 (five weeks)

Submission of this application confirms your interest in the Foothill Ireland Program. The program is designed to explore the cultures of Ireland both past and present. Students will live and take classes in the towns of Castlerea and Ballintober, in Roscommon County. Daily activities will consist of archaeology and ethnographic field work, classes, cultural excursions, applied community service projects, and free time. We are also accepting applications for staff positions using this form.

Foothill College Summer Quarter Class Numbers:

All students enroll in 12 units in a combination of the following courses:

ANTH12: Applied Anthropology (4 units)

ANTH 52: Archaeological Field Methods (4 units)

ANTH 67C: Cultures of the World: British Isles (4 units)

ANTH 17L: Archaeology Laboratory (2 units)

ANTH 51: Archaeological Survey (2 units)

Program Fees & Tuition: *(Includes food, lodging, and travel in country- NOT airfare). Basically all project activities between the above dates while in Ireland. Many participants take advantage of being in one of the most beautiful places on earth and spend time adventuring either before or after the field school.*

Program Fees: \$3150.00

Tuition (12 units): variable cost

CA In-state (\$31.00 per unit). Total tuition fees: \$372.00

Out-of-state (\$149.00 per unit). Total tuition fees: \$1788.00

International (\$149.00 per unit). Total tuition fees: \$1788.00

Students are accepted in the order that we receive a complete application, including the deposit (although it is not required to submit the application). We evaluate student qualifications on the basis of three criteria: (1) The applicant should demonstrate good academic standing as an undergraduate or post-graduate in an accredited college or university. (2) The applicant has an interest in anthropology or archaeology. (3) The applicant believes that exposure to Irish culture would be valuable for them in terms of their life-long educational process.

TWO STEPS:

1) Email or mail this completed form to: Dr. Samuel Connell (connellsamuel@foothill.edu)

2) Send \$100 non-refundable application fee to this address:

**Dr. Samuel Connell
Department of Anthropology
Foothill College
12345 El Monte Road
Los Altos Hills, CA 94022**

Check made out to: Foothill College * write “Anthropology” on the bottom of the check
Check on the status of the application by contacting Dr. Connell.**

(please fill out the following)

- 1. Name: _____
- 2. Date of Birth: _____ 3. Social Security Number: _____
- 4. Address: _____
- 5. Telephone: _____ 6. Email: _____
- 7. College or university now attending (if nec.): _____
- 8. Academic Major or Concentration: _____
- 9. Class Standing: Frsh, Soph, Jnr ; Senr; Grad; Other _____
- 10. Grade Point Average (GPA) _____

11. Previous courses in Anthropology you will have taken prior to June 2017 (no experience necessary we just want to know previous anthropology experience)

Course	School	Date Completed (or will complete)

12. Previous archaeology field experience you will have had prior to June 2017 (no experience necessary we just want to know previous archaeology experience)

Location	Type of Experience	Dates

13. Previous experience abroad you will have had prior to June 2017 (no experience necessary we just want to know previous travel experiences)

Country	Type of Experience	Dates and Duration

14. Familiarity with International Travel

15. Special Skills. Do you have skills that may be useful during the field school, for example, mapping or surveying; drawing or illustrating; ability to use computers (GIS); still or video photography; or others? _____

16. Please describe any medical or physical condition that might affect your health or safety during the field school. Any information provided about your health or physical status will be kept confidential, except for project personnel who have a need to know. We would like to know about any medications, medical conditions or physical limitations that should be taken into account in the event that you need medical attention during the field program.

17. Please provide a **brief** statement on this page describing why you believe that you would benefit from attending the field program, and specifically how participation in the program might help your development as a person and scholar.

18. Please Mark one of the following (both expected to pay program fees):

Field School Student _____

Volunteer Staff *: _____

* Must have previous experience in archaeology/anthropology and your CV must be sent in with the application for review, be sure to include references. You will be asked to enroll in a 2-unit or 4-unit course for insurance purposes.

19. If you are to be enrolled in the program, you acknowledge that you have read all of the above information about the school, and that you understand and accept all of the conditions set forth in the Information Package provided on the project's website.

Signature of the Applicant: _____ (type if emailing)

Date: _____

If the applicant is less than 21 years of age (but over 18) please have a parent or guardian sign:

Relationship to the Applicant: _____

Participant's Name: _____

**The Foothill-De Anza Community College District
Waiver of Liability, Assumption of Risk,
And Indemnity Agreement**

Waiver: In consideration of being permitted to participate in any way in Foothill College's Ireland Summer Program from July 2, 2017 to August 2, 2017 in Ireland, hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Foothill-De Anza Community College District, its officers, employees, and agents from liability and all claims including any claim arising from the negligence of the District, its officers, employees and agents, resulting in my personal injury, death, accident or illness, and property loss arising from, but not limited to, my participation in The Activity.

Signature of Parent/Guardian of Minor

Signature of Participant

Date

Date

Assumption of Risk: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. Risks specific to The Activity include but are not necessarily limited to those identified in the section on Safety and Security of the U.S. Department of State Consular Information Sheet on Ireland (found at <http://travel.state.gov/content/passports/english/country.html>).

I have read the previous paragraphs and the Consular Information Sheet on Ireland and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks and release and relieve the College District, its officers and employees, from any obligation to protect me from encountering such risks.

Indemnification and Hold Harmless: I also agree to **INDEMNIFY AND HOLD the Foothill-De Anza Community College District, its officers and employees, HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity; and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risks, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor
Participant's Age (if minor)

Signature of Participant

Date

Date