



Concordia
UNIVERSITY • SAINT PAUL

**Release form for the Hippos Excavation
Northeast Insula Project with
Concordia University**

Please complete the following form and mail it and a copy of your passport photo page to:

**Dr. Mark Schuler
Concordia University LMC04
275 Syndicate Street North
Saint Paul, MN 55104**

Basic Info

Full name: _____ (as on your passport)

Address: _____

City, State, Zip: _____

Medical Authorization

In the event of illness or injury to me, I authorize any official representative of Concordia University, St. Paul, or any official representative of the University of Haifa to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

Initial if true: _____ (Initial of Parent, if under 21: _____)

Emergency expenses

I understand that medical expenses must be paid in full by me in Israel at the point of service. I will need to submit paid receipts to my insurance company when I return home.

Initial if true: _____ (Initial of Parent, if under 21: _____)

If a deteriorating security situation necessitates a change of plan and/or early departure, I understand that I am responsible for my portion of evacuation expenses and for any additional airfare costs in returning home early. I understand that fees are non-refundable once paid, even in the case of cancellation due to security concerns.

Initial if true: _____ (Initial of Parent, if under 21: _____)

I am carrying with me a credit card with a sufficient line of credit to handle emergencies. I have contacted my credit card company to authorize use of the card in Israel.

Initial if true: _____ (Initial of Parent, if under 21: _____)

Eligibility and Expectations

I have read the Eligibility Policy and have reviewed Expectations of dig participants. I accept my responsibility as a volunteer for the Hippos Excavation of Concordia University, St. Paul. I am accountable for legal and moral conduct and all fees. I will conduct myself according to the laws of the State of Israel and the United States of America and whatever rules are essential for my welfare.

Initial if true: _____ (Initial of Parent, if under 21: _____)

Security

I have reviewed the following documents with my family:

- State Department Travel Warning
- The Security Policy
- The Cancellation Policy

I understand the policies and have had any questions answered.

Initial if true: _____ (Initial of Parent, if under 21: _____)

Waiver of Responsibility

The undersigned participant hereby releases the Coordinator/Instructor(s) of the Concordia Excavation Team at Hippos and Concordia University, St. Paul, Minnesota, their respective officers and agents from any and all responsibilities, claims, liabilities, and causes of action, directly or indirectly, with respect to personal injury, property damage, death, loss, accident, delay, inconvenience, irregularity, changes in this Program, misrepresentation in this Program, negligence of any direct carrier, hotel, or travel service, or any persons rendering any services being offered in conjunction with the Program which may be occasioned by either reason of any defect engaged in conveying passenger or in carrying out the arrangements of the Program, by malfunction of transportation systems or equipment, or otherwise in connection therewith, or for losses or additional expenses due to delays or other changes in means of transportation or other services, by acts of war, terrorism or rebellion, strikes, theft, sickness, weather, or any other cause whatsoever.

The right is reserved to withdraw all or any part of this Program and to make such alterations, deletions, additions, or modifications in the itinerary and/or academic Program as may be found necessary or desirable by the Coordinator of the Program. The right is also reserved to decline to accept or retain any person as a member of the Program at any time in the sole discretion of the Coordinator.

Statement of Participant

My signature certifies that I have read the above statement of statement of understandings and waiver and that I agree to the conditions thereof. I also agree not to deviate from the established itinerary or program except in the case of legitimate emergency and then only with the written consent of the Coordinator. I further agree to forfeit any or all claims against the Coordinator. I further agree to forfeit any and all claims against Concordia University, St. Paul, and the Coordinator in the event that I leave the program before its completion for any reason whatsoever.

Date: _____

Signature: _____

Parental signature (if under 21): _____
(to be kept on file at the University)