

Mt Zion 2019 Application Form

June 22 through July 5, 2019

Name and Surname

Date of birth

Gender

Nationality

E-mail address

Phone (home, and Israeli if available)

Postal address

Passport #

Passport expiry date

Health- and Accident Insurance

- My insurance covers health/accidents in Israel. I am attaching a copy of my insurance card.
 I will arrange for local Israel health- and accident insurance (recommended).

I was a team member on the Mt Zion dig in

/Suba dig in

List any other previous experience in archaeology (not required):

Accommodation

- I will make a reservation at the Knight`s Palace. Please send me the code for the rate
 I have accommodation elsewhere:

Any comments on the specifics of your accommodations:

- I am of sound mind and body and can participate in the physical demands of the excavation.
 I have read the Liability Release Form for Mt Zion 2019 Participants, and am attaching a signed copy.
 I understand that I must have full medical and accident insurance covering my stay in Israel.
 I will pay the dig fee in full by March 15, 2019

Date

Signature

Please attach with your application a one-page WORD document detailing your interest in joining our dig, previous experiences or skills that you might have, and detail any relevant physical fitness or medical conditions.

Liability Release Form: Mount Zion 2019 Team Member

Medical Responsibility: I, the undersigned, authorize the Mount Zion Archaeological Expedition, or any of its agents to initiate any reasonable, incidental and/or emergency medical treatment, in the event of illness, injury, or incapacity, and I hereby accept the responsibility to pay for such treatment. I certify that I am in good health, may travel as required, and am free from any physical or mental ailment or disability requiring medical, surgical, or other care or treatment which might endanger the health or safety of myself or those with whom I may come in contact.

Release from Liability: I acknowledge that there are certain dangers, hazards, and risks inherent in the activities included in the excavation program, which could include serious or even mortal injuries and property damage, and I on behalf of myself and of my family, heirs, and personal representative(s), agree to assume all the risk and responsibilities surrounding my participation in the excavation program, the transportation, and any activities undertaken as an adjunct thereto, and in advance release, forever discharge, waive, and covenant not to sue the Mount Zion Archaeological Expedition, the University of North Carolina at Charlotte, or any of their affiliates, governing boards, officers, agents, employees, and any students acting as employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever, arising out of or related to any loss, damage or injury, including, but not limited to suffering and death, that may be sustained by me or by any property belonging to me, while in Israel, or in transit to or from Israel.

Indemnification: I certify that I am physically, mentally, and emotionally capable of attending and participating in the excavation program; I assume all risk and financial responsibility for any loss or injury to myself or others; and indemnify and hold the Mount Zion Archaeological Expedition and the University of North Carolina at Charlotte or its affiliates harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by the Mount Zion Archaeological Expedition, the University of North Carolina at Charlotte or affiliates as a result of, or arising out of, my negligence or misconduct in the participation in the program.

Behavioral Responsibilities: I agree to participate, to the best of my abilities, in the various activities that are part of the excavation process. I will follow the directives of the excavation's staff. I will not act in any manner that could endanger myself or other people. I will not act in a manner that can cause physical injury and/or damage to other people or objects. I will not behave in a disruptive and/or rowdy manner and will not act in a fashion that is offensive to other participants or the surroundings. I will adhere to accepted legal norms. I will act with tolerance to other beliefs, lifestyles and convictions. Substance abuse of any kind (save for moderate consumption of alcohol) will not be permitted. The directors reserves the right (at their discretion) to expel from the excavation (and all related activities) participants that will not conform to these requirements.

Involuntary Withdrawal: I acknowledge that return passage and all other expenses occasioned by my involuntary withdrawal from the program shall be the sole and exclusive financial responsibility of myself.

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.

Date

Signature

Print name