



UNIVERSITÀ  
DEGLI STUDI  
DI PALERMO



Comune di Baucina



Regione Siciliana  
Assessorato del  
Beni Culturali e  
dell'Identità Siciliana



## MONTE FALCONE ARCHAEOLOGY FIELD SCHOOL 2019

### APPLICATION FORM

NAME.....SURNAME.....  
PLACE OF BIRTH.....DATE OF BIRTH.....  
ADDRESS.....CITY.....  
NATIONALITY.....E-MAIL .....

UNIVERSITY.....

I WISH TO TAKE PART IN THE “**MONTE FALCONE FIELD ARCHAEOLOGY SCHOOL 2019**”

**5<sup>th</sup> to 31<sup>st</sup> August 2019.**

I HAVE PAID THE DEPOSIT OF **€ 500,00** (FIVE HUNDRED EUROS) AND WILL PAY THE FULL AMOUNT (**€ 2.500,00 – Two thousand and five hundred euros**) by **MAY 1st 2019**.

I HAVE READ THE PROGRAMME AND AGREE TO THE TERMS AND CONDITIONS.

### MEDICAL INFORMATION

(This will not affect your acceptance to the Field School)

ALLERGIES.....

FOOD RESTRICTIONS.....

MEDICATIONS BEING TAKEN.....

OTHER MEDICAL /PHYSICAL FACTORS THAT STAFF SHOULD BE AWARE OF?.....

.....

DATE

.....

SIGNED

.....



WAIVER OF LIABILITY AND HEALTH STATEMENT  
*MONTE FALCONE ARCHAEOLOGY FIELD SCHOOL 2019*

ASS. CULT. *GENESIS CIMINNA*

I have applied for a position in the *MONTE FALCONE ARCHAEOLOGY FIELD SCHOOL 2019*.

I understand that this is a hazardous activity and that the potential of injury exists, despite all reasonable precautions which will be taken by the Staff and organizers. I understand and accept the condition that professional medical aid is usually located several miles from the place of work. I hereby relieve and agree to hold harmless the Staff of the Field School, *GENESIS CIMINNA, University of Palermo* and the *Soprintendenza di Palermo* (Italy) of all liability for accident, injury or illness involving myself while a participant in or arising from participating in the Field School.

Therefore, I have a personal insurance covering travel and my participation in the Field School and I further certify that I am in good physical health, with no physical conditions or disabilities which would endanger me or impair my work in the Field School.

Date

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Signed

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