



DEPARTMENT OF ANTHROPOLOGY

9500 GILMAN DRIVE DEPT 0532
LA JOLLA CALIFORNIA 92093-0532

30 November 2014

Dear Study Abroad Ancient Maya Student (ANAR 155S & 100):

Welcome! On behalf of the Department of Anthropology and UCSD Summer Session, I would like to thank you for your interest in the eight (or 12) unit study abroad course to be held in Mexico, Guatemala, and Honduras, 16 August - 1 September, 2014. During this year's course, we will visit 28 ancient Maya cities in the rainforests of Central America and Mexico's Yucatan Peninsula. This is the eleventh year of the program at UCSD, and it promises to be an exciting one.

The following pages and a separate attachment contain information that should answer most of the questions you may have about the program. Please remember that it is open to UCSD students, students from other colleges or universities, family members, and friends. This may be the only course you take with your parent!

If you have any questions that are not answered here, please feel free to contact me by e-mail at: gbraswell@ucsd.edu. I also would be happy to meet with you at UCSD if you have any particular concerns.

The rest of this attachment contains a program itinerary and a complete application package. The application, which should be completed and either brought or mailed to me at the Department of Anthropology, consists of:

- (1) An enrollment form (1 page);
- (2) An application essay (1 page) explaining why you want to come on the course;
- (3) Two liability forms (3 pages total);
- (4) A medical form (1 page) to be filled out by your physician; and
- (5) A Program Fee agreement form (1 page).

The separate attachment contains a course handbook, which explains a lot about what we will do everyday, what to expect, and what to bring to Mexico and Central America.

I look forward to seeing you in Mexico, Guatemala, and Honduras!

Sincerely,

A handwritten signature in black ink, appearing to read "Geoffrey E. Braswell", with a stylized flourish at the end.

Prof. Geoffrey E. Braswell
Department of Anthropology, UCSD
9500 Gilman Drive, MC 0532
La Jolla, CA 92093-0532



ART & CITIES OF THE MAYA – 2015

ANAR 155s: Study Abroad

Ancient Mesoamerica

8 to 12 credits of **UCSD** Summer Session Course taught by
 Professor Geoffrey E. Braswell
 Department of Anthropology, UCSD
 9500 Gilman Drive, MC 0532
 La Jolla, CA 92093-0532
gbraswel@ucsd.edu

Trip Itinerary*

August 16	Fly to Guatemala City. Transfer to Antigua, welcome dinner. Night: Antigua.
August 17	All day visit to Kaqchikel capital Iximche and Lake Atitlan . Night: Antigua.
August 18	Visit National Museum and Kaminaljuyu in Guatemala City, drive through the mountains to Copan, Honduras. Night: Copan.
August 19	All day visit of beautiful Copan , two museums & Sepulturas . Night: Copan.
August 20	Drive to Quirigua , Guatemala, and on to scenic Rio Dulce . Night: Rio Dulce.
August 21	Visit seldom-seen Yaxha and Topoxte . Night: rainforest lodge at Yaxha.
August 22	All day at spectacular Tikal . Night: colonial island of Flores.
August 23	Go by boat to see the strange stelae of Seibal and eerie rainforest. Night: Palenque, Mexico.
August 24	See the gem of Palenque and swim at the waterfall of Misol Ha . Night: Palenque.
August 25	Spend a glorious day at Yaxchilan and Bonampak on the Usumacinta river. Night: Palenque.
August 26	See the fabulous frieze at Balamku and the great lost city of Calakmul . Night: Xpuhil.
August 27	Tour the cities of Rio Bec: Xpuhil , Becan , Chicanna , and Hormiguero . Night: Xpuhil.
August 28	Experience the architecture of the Chenes Zone: Hochob , Tabasqueno , & Santa Rosa Xtampak . Night: Uxmal.
August 29	Visit the exquisite sites of the Puuc: Uxmal , Labna , Kabah , & Sayil . Night: colonial Merida.
August 30	Sail in the Gulf of Mexico , see the northernmost Maya city of Dzibilchaltun plain & swim in a cenote . Night: colonial Merida.
August 31	Spend day at fabulous Chichen Itza and the last Maya city of Mayapan . Farewell dinner. Night: Colonial Merida.
September 1	Transfer to Merida airport & fly home to California!

*Preliminary itinerary is subject to change, if conditions warrant.



Guatemala, Honduras & Mexico 2015

Earn 8 or 12* University of California academic units in ANAR 155s: Ancient Mesoamerica—Art & Cities of the Maya. August 16-September 1, visit four museums and 27 ancient Maya sites. Program led by Professor Geoffrey E. Braswell, UCSD, Department of Anthropology.

****Students wishing a total of 12 units may sign up for an additional group reading with the professor.***

Ancient Mesoamerica—Art & Cities of the Maya

For the Adventuresome!

August 16 - September 1, 2015

- Explore 27 ancient Maya cities in three countries dating from 800 B.C. to A.D. 1540 including: Tikal, Copan, Chichen Itza, Palenque, Yaxchilan, Uxmal, Calakmul, Bonampak, Quirigua, Yaxha, Topoxte, Iximche, Mayapan, Dzibilchaltun, Sayil, Labna, Kabah, Becan, Chicanna, Seibal, Xpuhil, Hormiguero, Balamku, Hochob, Santa Rosa Xtampak, Iximche, and Tabasqueno
- Visit four museums: Guatemalan National Museum, Copan Sculpture Museum, Copan Ruinas Museum, Tikal Museum.
- Visit beautiful colonial cities: La Antigua, Merida, and Flores
- See Guatemala, Honduras, *and* Mexico!
- Professor lectures on Maya archaeology, ancient art and writing systems, contemporary indigenous society, and much more
- Enjoy true Yucatecan cuisine and delicious seafood!

Ancient Mesoamerica – Art & Cities of the Maya

Program Fees*

Undergraduate and Graduate Students

Payment and Deadlines:

Program fees for Hotel Rooms, Ground Transportation, Breakfasts & Lunches, Admissions\$2495

Program fee of \$2495 due *no later than* April 13, 2015.

Payment of Summer Session tuition* & campus fees due *according to their schedule*.

*Tuition is for either eight or 12 units of credit. You will be billed for Summer Session tuition and campus fees on your regular account when you register. You must pay tuition, in addition to the Program Fee, in order to participate.



2015 UCSD Summer Session Enrollment Form

Ancient Mesoamerica – Art and Cities of the Maya – ANAR 155s

Complete sections 1-12. Please type or print clearly. Limited space available. Submit application to:
Dr. Geoffrey E. Braswell, Dept. of Anthropology, UCSD, 9500 Gilman Drive, MC 0532, La Jolla, CA 92093-0532.

1. STUDENT INFORMATION

UCSD Student ID# _____

(Full legal name) Last First Middle

Address

City/State/Zip

() () @
Day Phone Evening Phone E-Mail Address

Birthday ____/____/____

Other Names on File at UCSD _____ Male _____ Female _____

2. COURSE AND PROGRAM FEE (August 16-September 1, 2015)

Session	Course/Number	Grading Option	Program Fee
Summer Session II	ANAR 155S ANAR 100 ANTH 198 (optional)	<input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass/ No Pass	Undergrad/Grad
Program Fee: Hotels, two meals/day, ground transportation, admissions, subject to change. <i>You must also pay tuition & campus fees for 8 or 12 units of UCSD Summer Session credit</i>			\$2495.00

3. Statement of Purpose: Attach a one-page essay describing why you want to participate.

4. Physician's Report of Medical Examination: A form will be provided. Mail to the address on this form. Your physician must indicate you are in good health to participate.

5. Do you have any physical limitations that may affect your participation in this program?
No ___ Yes ___ If yes, please describe your special needs and submit with this enrollment form.

Do you have any dietary concerns that will affect your ability to participate in this program?
No ___ Yes ___ If yes, please describe your special needs and submit with this enrollment form.

6. Insurance: Proof of adequate medical insurance is required. Coverage is available from the UCSD Student Health Center, (858) 534-2123. A copy of your medical insurance card must be submitted to the professor by April 13, 2015.

Name of Insurance Company _____ Phone _____

Policy Number _____ Policy Holder Name _____

7. Student Directory: Yes I would like my name and contact information released to other students in the Program? Yes ___ No ___ I do not want my contact information released.

8. Travel Documents: Participants are responsible for obtaining and bringing their passports, and, if required (for some non-US citizens) for obtaining the proper visas. Participants are advised that international travel is subject to both political conditions that are beyond control of the University.

9. Rules & Regulations: I have read and understand the above rules for the 2015 Summer Session Anthropology Maya Program regarding the *program fee and tuition*. I understand I am responsible for travel arrangements not included in the program, including all flights.

Signature Date

10. Student Status: (Check One)

- ☐ UCSD Undergraduate
- ☐ UCSD Graduate
- ☐ Teacher Education Program
- ☐ Attend other UC _____
- ☐ Attend 2-year College:

- ☐ Attend other 4-year College or University:

- ☐ I'm not currently a student

11. How did you hear about the Maya study abroad program?

12. Payment:

Please wait until you have heard from Dr. Braswell that you have been accepted into the program. At that point, you will be asked to pay the Program Fee of \$2495 in the form of a check made out to UC Regents and given to Ms. Theresa Blankenship in the Department of Anthropology, Room 210, SSB. *Payment must be received by 13 April, 2015.* You are also responsible for registering for the courses and paying the campus based fee and per unit tuition for 8 or 12 units of Summer Session credits. If you do not pay tuition and these fees, UCSD will drop you from the program. Finally, you must purchase an airline ticket, as described in the Program Handbook. There will be no reimbursement of any portion of the Program Fee of \$2495 once payment has been received, unless the program is cancelled.

I have read and understand this entire application, especially that reimbursement of the Program Fee, in part or in full, will not be made.

X _____ Date _____



UCSD SUMMER SESSION

9500 GILMAN DRIVE DEPT 0179
LA JOLLA CALIFORNIA 92093-0179**WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

Participant's Name: _____
(Please Print)

Waiver: In consideration of being permitted to participate in a UCSD Summer Session sponsored Travel Study Program, hereinafter referred to as "The Program," I hereby certify that I understand and agree with the following terms of my participation in The Program. I for myself, my heirs, personal representatives or assigns, **do hereby release, waive, and covenant not to sue** The Regents of the University of California, its officers, employees, volunteers, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees, and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Program.

Signature of Participant (Student) Date ANAR 155s & ANAR 100, Summer Session 2015
Travel Study Program (Mexico & Central America)

Assumption of Risks: Participation in The Program 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. I have read the pre-departure material and I understand that while representatives of UCSD Summer Session will make every effort to assist me in the event of emergency, responsibility for my safety and welfare is mine alone. Moreover, I accept any and all financial burdens that may result from such injuries or accidents related to my participation in The Program.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in The Program. I hereby assert that my participation is voluntary, informed, and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California 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 Program 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.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, 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 for all claims and demands or liabilities which I or my heirs, representatives, executors, administrators, or any other persons acting on my behalf may have against The Regents by reason of any acts of war, armed conflicts, terrorism, other civil uprisings, accident, illness, or injury or other consequences arising or resulting directly or indirectly from my participation in The Program and occurring during The Program, any air flights or other travel associated with The Program, or any time subsequent thereto.

It is the intention of the undersigned by this instrument, to exempt and relieve The Regents of the University of California from liability for personal injury, property damage, or wrongful death.

Signature of Participant (Student) Date Birthdate (mo/day/yr)

Please indicate person to notify in case of emergency: _____ Telephone _____
Relationship _____ Address _____



DEPARTMENT OF ANTHROPOLOGY

9500 GILMAN DRIVE DEPT 0532
LA JOLLA CALIFORNIA 92093-0532

**DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION
AGREEMENT TO RELEASE THE DEPARTMENT OF ANTHROPOLOGY, ITS FACULTY AND STAFF,
AND AFFILIATED PROGRAMS FROM LIABILITY**

1. I _____, voluntarily agree to participate in the University of California, San Diego (herein
(Name of Student Releasor)
after referred to as UCSD) Department of Anthropology and Summer Session Program in Mexico, Guatemala, and
Honduras (UCSD courses ANAR 155s, ANAR 100, & ANTH 198) to be held from 16 August to 1 September, 2015.
2. I am aware that participation in the event/activity described above in Paragraph 1 may be hazardous. I also
acknowledge that my participation in the event/activity is voluntary, and that I am participating with full knowledge of the
danger involved. I hereby agree to accept any and all risks of injury or death, and verify this statement by placing my
initials here: _____.
(Initials of Student Releasor)
3. I accept all financial burdens for any physical mishaps, accidents, or medical conditions that may arise as a result of
participating in the event/activity described in Paragraph 1, and agree that I, my assignees, heirs, legal representatives,
distributees, and guardians will not make a claim against, sue, or attach the property of UCSD or any of its agents,
officials, employees, or volunteers for costs related to medical or psychiatric treatment, emergency evacuation, or
repatriation of my mortal remains. By signing this release form I _____, agree to accept
all such potential financial burdens. (Name of Student Releasor)
4. As consideration for being permitted by UCSD, through its authorized agent, or through one of its affiliated
organizations, to participate in the event described above in Paragraph 1, I _____, hereby agree
(Name of Student Releasor)
that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach
the property of UCSD or any of its agents, officials, or employees, for injury or damage resulting from the negligence or
other acts, howsoever caused, by any employee, agent, guest or invitee, volunteer or contractor of UCSD or any of its
affiliated organizations as a result of my participation in the event/activity described above in Paragraph 1. I further
hereby release UCSD, any of their agents, officials, employees, volunteers, or affiliated organizations from all actions,
claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may
hereafter have for injury or damage resulting from my participation in the event/activity described above in Paragraph 1.
5. I accept all financial burdens for legal representation that I may require as a result of participating in the event/activity
described in Paragraph 1, and I agree that I, _____, my assignees, heirs, legal representatives,
(Name of Student Releasor)
distributees, and guardians will not make a claim against, sue, or attach the property of UCSD or any of its agents,
officials, employees, or volunteers for legal costs related to or incurred as a result of my participation in the event/activity
described in Paragraph 1.
6. I agree not to transport, buy, use, sell or otherwise engage in the traffic or consumption of illegal substances while
participating in the event/activity in Paragraph 1. By placing my initials here, I agree to maintain U.S. Government
standards of a Drug Free Work place while participating in the event/activity described in Paragraph 1: _____.
(Initials of Student Releasor)

7. The undersigned hereby authorizes the Regents of the University of California and their agents to photograph, videotape, audio record, televise, duplicate and/or transfer to any present or future technology images and/or recordings of _____ while a participant in the event/activity described in Paragraph 1. I agree that
(Name of Student Releasor)
the Regents of the University of California, its authorized agents, employees, and assignees may use the photographs, videotapes, and/or audio recording prepared there from, to reproduce, exhibit, publish, or distribute in such a manner as they deem fit. No compensation will be paid for this use.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND UCSD AND/OR ITS AFFILIATED ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO THE DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed at _____, _____, _____, on _____, 2015.
(City) (State) (Country) (Month/Day)

STUDENT RELEASOR

(Print Name)

(Signature)

WITNESS

I certify that _____ acknowledged in my presence that _____ read and fully
(Name of student releasor) (She/He)
understood the meaning and consequences of the foregoing release, and signed it in my presence.

Executed at _____, _____, _____, on _____, 2015.
(City) (State) (Country) (Month/Day)

(Print Name of Witness)

(Signature of Witness)

(Typed or printed name and address)

Phone Number: () _____



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**DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION
AGREEMENT TO PAY ALL PROGRAM FEES AND TUITION UPON REGISTRATION**

The Summer Session courses *ANAR 155S* & *ANAR 100*, *Study Abroad: Ancient Mesoamerica* has an associated program fee of \$2495. This special fee pays for hotels; ground transportation in private vehicles and on boats; all breakfasts and lunches as well as two dinners; and admission to all the archaeological sites, museums, and attractions we will see during the course. It does not include Summer Session tuition and fees.

I understand that when my application (consisting of an application form and essay, two liability waivers, a medical form, and this agreement form) is approved, I must pay the program fee of \$2495. Payment may be made by check made out to "University of California Regents." The check must be delivered to Ms. Theresa Blankenship in the Department of Anthropology (210 SSB or by mail to the above address) by April 13, 2015.

Upon approval of my application, I will be cleared for registration and may do so online. After being accepted into the program and paying the special program fee, ***I understand that there will be no reimbursement, partial or complete, of the program fee of \$2495*** if I later decide to drop out of the study abroad program.

I have read and understand this document.

STUDENT SIGNATURE: _____ DATE: _____, 2015

PRINTED NAME: _____

**UCSD 2015 Ancient Mesoamerica – The Maya (ANAR 155s, 100, & ANTH 198)
STUDY ABROAD IN GUATEMALA, HONDURAS, & MEXICO**

Physician's Medical Examination for Eligibility

Student Name

Student I.D. Number

This person is an applicant for a two-week study abroad program in Guatemala, Mexico, and Honduras offered by UCSD. The program requires visiting archaeological sites, some of which are at high altitude (6000 ft) or in hot (95°F) and humid environments. Students may walk up to 5 miles per day. No hiking or carrying of heavy loads is required, but students will need to carry water and personal effects. All the sites are official parks open to tourists. Please note that Mexico, Guatemala, & Honduras do *not* provide disability access as required in the U.S.A. by the Americans with Disabilities Act. Moreover, *no* ADA accommodations will be provided by UCSD to students while traveling in Mexico, Guatemala, or Honduras.

Physician's Report of Medical Examination: Please check the items below if they are considered ABNORMAL. Indicate under "Remarks" the pertinent details and your impression of their importance.

A. Standard Physical Examination _____ Past History _____ Present History

B. Special Attention Areas _____ Past History _____ Present History

_____ Ears and Sinus

_____ Respiratory System

_____ Cardiovascular System

_____ Physical Fitness

_____ Life Threatening Allergies, Asthma, and Emphysema

_____ Emotional and Psychological Stability

_____ Other

Physicians Remarks:

_____ Approval (I find no conditions that I consider incompatible with this program.)
_____ Disapproval (The applicant has conditions that, in my opinion, constitute unacceptable hazards)

(Please Print)

Physician's Name: _____ 'Phone (Business): _____
Address: _____ City/State/Zip: _____

Physician's Signature: _____
Date: _____