

MU 2002 Lakota Reservation Immersion Program

Millersville
University

Date _____

Name Mr./Ms. _____ DOB: _____

Address _____

Street/PO Box

City/State/Zip

Home Phone # _____ SS# _____

Parent's Names _____

Parents' Address _____

Email Address _____

College Attending _____ Major _____

Credits earned _____ Class Standing _____

Fr./So./Jr./Sr.

Are you flying with the group? _____ If not, what arrangements have you made? _____

Please select one of the following that applies to you:

Registering for SOWK 350: ENCOUNTERS IN HUMAN DIVERSITY _____

Registering for SCCN 630: MULTICULTURAL COUNSELING _____

Registering as Volunteer Only _____

What talents/skills can you volunteer? _____

APPLICATION GUIDELINES

Return the following items to Program Coordinator:

Carolyn Rittenhouse 717-872-3740

Department of Foreign Languages – Byerly 136

Millersville University – PO Box 1002

Millersville, PA 17551—0302

Email: crittenhouse@millersville.edu

1. Complete Application & Statement of Responsibility forms.
2. Assess your Ethnocentrism on a separate sheet of paper.
3. Carefully Review & Adhere to Suggestions for Packing List.

PARTICIPANT HEALTH PROFILE

Millersville University SOWK 350/SCCN 630 Courses

NAME: _____

DATE: _____

D.O.B. _____

SS# _____

Medical Coverage: _____

ID# _____

Responsibility During Free Time: I understand that during free time within the period of the program the undersigned may elect to travel independently at his/her own expense. The undersigned understands that neither Millersville University nor its staff is responsible for the undersigned while he/she is traveling independently during such free time.

Academic Responsibility: The undersigned acknowledges and understands that he/she is responsible for and guarantees that he/she will attend scheduled classes, take examinations and do assigned work.

Medical Responsibility: The undersigned is aware that there are certain risks inherent in travel and that Millersville University, as a State of Pennsylvania educational institution, cannot assume responsibility for all or certain activities of the undersigned. The undersigned is aware of his/her personal medical needs and hereby assures the University that he/she has consulted with a medical doctor, as he/she may have deemed necessary, with regards to any personal needs of the undersigned. Further, the undersigned is aware that the University cannot be responsible for attending to any medical needs of the undersigned.

The undersigned is aware that, should the undersigned be required to be hospitalized during this program, the University cannot and does not assume any legal responsibility for payment of such costs; rather, the undersigned hereby assures the University that he/she has assumed all risk and responsibility therefore and the undersigned has adequate hospitalization to meet any and all needs for payment of hospital costs during this program. The undersigned understands that some host institutions have regulations concerning medical care and health insurance and that the undersigned is required to abide by those regulations.

Legal Problems: The undersigned understands that as a US citizen in a Sovereign Nation, he/she will be subject to the laws of that nation. The undersigned acknowledges and understands that should he/she fall into legal problems will attend to the matter personally with his/her own personal funds. The University does not guarantee what, if any, assistance can provide under such circumstances.

Travel Problems: Millersville University cannot assure that travel arrangements will be without certain disruption. The undersigned understands that he/she will be traveling during the program by various modes of transportation including but not limited to plane, train, bus or van, and the undersigned releases Millersville University and its staff from any responsibility for loss of property, injury, or death during such travel.

The undersigned acknowledges and understands that Millersville University assumes no liability whatsoever for any loss, damage, destruction, theft or the like to his/her luggage or personal belongings. The undersigned acknowledges that he/she has retained adequate insurance or has sufficient funds to replace such belongings and will hold the University harmless therefrom.

Theft and Other Crimes: The undersigned agrees to release Millersville university and its staff from any liability for damage to or loss of my possessions, injury, illness, or death arising out of crimes during the period of the program.

General Release and Waiver: The undersigned releases Millersville University and its staff from any liability for damage to or loss of property, injury, illness, or death during the period of the program, arising on the part of fellow participants, host family members, agencies and educational organizations, persons or groups with which Millersville University contracts for the provision of services for the program or which have been suggested by program faculty as resources for regional or independent study projects.

I understand and accept each of the above conditions.

Signature of Participant

Date

Name (Please Print)