

**Application: Camaquiri Conservation Initiative
Primate Behavior and Ecology in Costa Rica: Summer 2022**

Primate Behavior and Ecology (August 1st - August 21st, 2022):

Dr. Jill Pruetz

Application Deadline: July 1st, 2022

**Please send your application via e-mail to: jillpruetz@yahoo.fr
cc: isrmesen@gmail.com**

Part 1: Basic Information (applicant)

Passport Information: name, nationality, passport #, date of issue, expiration date. *If not yet known write "in progress".*

Student Name

Birth date

Mobile Number

Alternate Phone Number

Current Address

Street

Street (line 2)

City

State/province

Postal Zip Code

Country

Permanent Address

Street

Street (line 2)

City

State/province

Postal Zip Code

Country

Student e-mail address

University Or School You Are Currently Attending

Status (Freshman, Sophomore, Junior, Senior)

Major And Minor

Overall GPA And GPA Of Your Last Completed Semester

Why do you want to take this course?

What do you hope to gain by taking this course?

What courses have you taken which may have prepared you for this course?

What special skills do you have which may have prepared you for this course?

Will you be taking this course for credit? If so, do you need assistance in arranging it? If so, please provide us with a relevant contact.

Emergency Contacts and Insurance

Emergency Contact #1

Emergency Contact #2

Primary Health Insurance Company Name, Address And Phone Number

Primary Health Insurance Company Group And Member Number

Travel Insurance Company Name, Address And Phone Number

Travel Insurance Company Group And Member Number

Student Release: in case of accident, injury, or illness, I hereby authorize Tayra Travel to arrange for emergency medical care and to notify the physician listed above and emergency contacts.

Student Signature

Date Signed

Part 2: Medical Release

Physician: your patient has applied to take a field course in the tropics. The course is physically demanding requiring long hours in the field. Your patient will be required to work under these conditions with others. They may also have to share accommodations in dormitory-style rooms and or communal bathrooms. Field conditions are often hot, humid, and muddy. Terrain may be steep and include strenuous uphill hiking for long stretches. Animals of all kinds including biting insects are common. Plants often contain volatile chemicals, which cause rashes. Inside the forest visibility can be limited as light is often low. Please consider carefully your decision concerning patients with uncontrolled medical or mental conditions, particularly if such conditions could put them or others at risk. Patients with medical or mental conditions, which may significantly worsen with changes in diet, location, social settings, temperature, humidity, altitude... should be considered unsuitable for participation. Patients, whose age might put them or others at risk, should be considered unsuitable for participation. Patients, who have trouble with balance on unstable surfaces, are particularly likely to break a bone, or need assistance on stairs should be considered unsuitable for participation. Patients may come into contact with poisonous plants / animals, or aggressive animals in the field. So, patients who have phobias that might cause them to ignore safety instructions, or go running off on their own should be considered unsuitable for participation. Patients who have unexplained, controlled or medicated allergies should also be discouraged.

PHYSICIAN RELEASE: I have read about the field conditions my patient may be subjected to during their Tayra Travel course.

I do certify, that my patient is both physically and mentally capable from a

health-related perspective, to engage in this course. I further certify that I, or one of my associates, will aid Tayra Travel, should the need arise, in their attempt to pursue the appropriate healthcare for my patient whilst abroad.

Physician Name

Physicians Signature

Physicians Office Number

Physicians After Hours Number AND Email

Physician Address

Street

City

State/province

Postal Zip Code

Country

Part 3: Liability Release And Indemnification For Tayra Travel

I (student name)

The above named student, am eighteen years of age or older. I have voluntarily applied to participate in the tree: tropical research in ecology and ethology course. I acknowledge that the nature of this field course may expose me to hazards or risk that may result in my illness; personal injury or death and I understand and appreciate the nature of such hazards and risks. In consideration of my participation in this Tayra Travel course I hereby release Tayra Travel its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Tayra Travel course summer 2019, whether caused by negligence of Tayra Travel, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Tayra Travel and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the described tropical research in ecology and ethology, llc.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while participating in the described activities or trips and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligence or intentional act or omission. I accept the terms of this agreement.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for selection to this course if discovered later. I authorize Tayra Travel to investigate, without liability, all statements contained in this application and supporting materials. I authorize references, to make full response to any inquiries in connection with this application for acceptance.

I also, certify that full payment will occur by the correct due dates stipulated on the Tayra Travel website, or that I will have made payment by installments *with prior approval* of Tayra Travel faculty. **I do certify that I have completed this application to the best of my knowledge and that all information is accurate.**

Student Signature

Date