2014 LEGACY Archaeology of Africa Summer Camp

Ages: 9 - 13 years

**Cost:** $230
*$210 for UTSA employees*

Time: 9:00 a.m. - 4:00 p.m.

Camp 1 - June (16 - 20)
Camp 2 - July (14 - 18)
Camp 3 - July (28 - Aug 1)
Camp 4 - August (11 - 15)

**Description:** This year’s archaeology summer camp will span the rich and dynamic cultural histories of the African continent. Camp topics will cover familiar places like Ancient Egypt and the Roman occupations in Africa, and unfamiliar locations like the Great Kingdom of Zimbabwe, the Kush and Ghana empires, Olduvai Gorge, and many more. Each day of camp is packed with presentations, hands-on activities, and imaginative crafts, so campers have fun while they’re learning! Join us this year for the LEGACY 2014 African Archaeology Summer Camp!

**Campers can be dropped off as early as 7:30am and picked up no later than 5:30pm at no extra charge**

For more information or registration forms visit our website at [http://car.utsa.edu/](http://car.utsa.edu/) or email program coordinator, Whitney Lytle at whitney.lytle@utsa.edu.
2014 Archaeology Summer Camps
Archaeology of Africa

During the week-long (Monday- Friday) summer camp, children will participate in indoor and outdoor activities while learning about the rich and dynamic cultural histories of the African continent. The camp will be held at the Center for Archaeological Research located on UTSA’s 1604 Campus and is staffed by the Center’s archaeologists. Camp space is limited to 18 children, ages 9-13, per camp. For more information call the Legacy Staff Coordinators at 458-4462 or email carlegacy@utsa.edu.

Camp Time: 9:00 a.m. – 4:00 p.m.
Campers can be signed in as early as 7:30 a.m. and signed out no later than 5:30 p.m. at no extra charge.

Please indicate which camp below

__Camp 1 (June 16-20) __Camp 2 (July 14-18) __Camp 3 (July 28-August 1)
___Camp 4 (August 11-15)

How did you hear about camp?

Child’s Name________________________

City/State/ZIP____________________

Address____________________________

Home Phone# ___________ Work Phone# ___________ Cell Phone# ___________

Emergency Contact & Phone#_________________________________________

Child’s Gender (M/F)_____Age _______ Date of Birth __________

****T-shirt size (please circle one):  Child M, L or  Adult S, M, L, XL****

Cost: $230 per camp (includes supplies, snacks, and t-shirt). Children must bring sack lunches.
(Cost: $210 for UTSA employees)

Check/Money Order _______ Cash (in person only, must be exact change) ________

A full refund will be given on cancellations received 30 days prior to the start date of your camp session.
An 80 % refund will be given up to 2 weeks prior to the starting date, and 50 % will be refunded up to 1 week prior.
No refunds will be given for less than 1 week. We will gladly apply your fee to a different camp session if space permits.

Permission/Medical Release
My child, _______________________, is between the ages of nine and thirteen years old, and has my permission to participate in the activities at camp provided and supervised by the Center for Archaeological Research’s Legacy Program staff. I voluntarily give the Legacy Program, its agents and employees, permission to obtain any medical treatment deemed necessary for my child in case of an emergency.  I understand the cost of all medical treatment is solely my responsibility and I will promptly reimburse the Center for these costs if medical treatment is necessary.
I hereby release UTSA, the Center for Archaeological Research, its directors and employees from any and all claims or actions arising from or relating to summer camps at the Center.  I understand and agree to abide by the cancellation and refund policies (if applicable).

Please indicate if your child has allergies or special needs. We do not administer any medication.

Print Name of Parent or Guardian: ___________________________email________________________

Signature of Parent or Guardian: __________________________________________

**Please note: Absolutely no electronics will be permitted at camp. This includes cell phones and cameras**

***Curriculum is designed for ages 9-13. Campers found outside the designated age range will be removed from camp***

Mail along with payment to: UTSA/CAR: Legacy Camp, One UTSA Circle, San Antonio, Texas 78249. Confirmation of registration will be emailed to address given.
UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT

To maintain a one-page format, use only the “arrow” or “tab” keys – not the “enter” key.

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student Identification Number if Enrolled at UTSA</td>
<td></td>
</tr>
<tr>
<td>Name of Parent/Guardian if Participant is &lt; 18 years old</td>
<td></td>
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<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Age of Participant</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact/Phone Number</td>
<td></td>
</tr>
<tr>
<td>Description of Activity/Trip (including all associated travel)</td>
<td>Summer Camp at Center for Archaeological Research</td>
</tr>
<tr>
<td>Location of Activity/Trip</td>
<td>Center for Archaeological Research</td>
</tr>
<tr>
<td>Date of Activity/Trip</td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I consent to the Participant’s participation in the above-described (“Activity/Trip”) and I certify that there is no medical reason why Participant should not participate in the Activity/Trip. I acknowledge that the nature of the Activity/Trip may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I understand that Participant may have unsupervised access to the internet while on the UTSA campus or while otherwise participating in the Activity/Trip.

Additionally, I understand that (name of transporter) will transport the Participant during travel to and from the location listed above and during any additional or incidental travel associated with the Activity/Trip. If the Participant chooses to drive or to be a passenger in a personally-owned vehicle for any travel associated with the Activity/Trip, my signature below also acknowledges the following:

- I understand that the Institution assumes no liability or responsibility for the use of such vehicle during any such travel and that the Institution has neither inquired about nor confirmed (a) the driving history, training or licensure of the driver or (b) that the vehicle is covered by a private automobile insurance policy;
- I understand that the Institution carries no insurance that could cover any damages, injuries, claims or other liabilities associated with the use of such vehicle during such travel; and
- I further understand that any private insurance policy covering such vehicle or the driver personally will be responsible for any damages, injuries, claims or other liabilities that may arise from the use of the vehicle during any travel associated with the Activity/Trip.

In consideration of Participant being permitted to participate in the Activity/Trip, I hereby accept all risk to Participant’s health, including any injury or death to Participant that may result from such participation, which participation includes all travel associated with the Activity/Trip, and I hereby release UTSA, its governing board, officers, representatives, employees and agents from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his or her death, that may arise from or occur during Participant’s participation in the Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant’s negligent or intentional act or omission while participating in the described Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

Signature of Participant or Parent/Guardian  
Printed Name of Signatory  
Date

If Participant is at least 18 years of age OR Signature of Participant’s Parent/Guardian if Participant is under the age of 18

Signature of Witness  
Printed Name of Witness  
Date

Rev. 3/3/10
UTSA Photo, Video, and Comment Release

Please Print

EVENT:

NAME:

ADDRESS:

PHONE:

EMAIL:

Check One

UTSA STATUS: __Faculty  __Staff  __Student  __Visitor

GENERAL RELEASE

I, _______________________, hereby grant UTSA the absolute and irrevocable right and permission, with respect to photographs and videos taken of me and/or comments made by me or in which I may be included with others, to copyright for same; to use, reuse and publish the same in whole or in part in any and all media including use of the world wide web, now or hereafter, and for any purpose whatever for illustration, promotion, art, advertising and trade, and if appropriate, to use my name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA from any and all claims and demands arising out of or in connection with the use of photographs, videos and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I am full age and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Signed: ___________________________________________ Date: __________

IF UNDER 18 YEARS OLD:

Student’s Name:

I am the Parent/Guardian of the above named student who is under eighteen years of age and am fully competent to sign this release. I hereby grant UTSA the absolute and irrevocable right and permission, with respect to photographs and videos taken and/or comments made by the above named student or in which student may be included with others, to copyright for same; to use, reuse and publish the same in whole or in part in any and all media including use on the world wide web, now or hereafter, and for any purpose whatever for illustration, promotion, art, advertising and trade, and if appropriate, to use student’s name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA from any and all claims and demands arising out of or in connection with the use of photographs, videos and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

______ Has my permission  _______ Does not have my permission

Signed by Parent or Guardian: ___________________________ Date: ___________________