APPLICATION INSTRUCTIONS

TDHT 190 is open to all students (18 years and older). Carefully read this packet and return to Laura Jimenez in Galbraith Hall room 209 no later than Friday, May 12th. Please note this course may fill up before May 12th. It's on a first-come, first-served basis.

This program offers TDHT 190 (4 units) and an independent study course - TDGE 199 (2-4 units). TDGE 199 is a research project you need to arrange the topic with Professor Nadine George-Graves. TDGE 199 is optional and requires additional tuition paid through Summer Session.

If you are approved for financial aid and would like to receive aid during the summer you must enroll in a minimum of 6 units. You can fulfill this requirement by taking both TDHT 190 and TDHT 199. You can apply for Summer Financial Aid the first week of May on TritonLink.

Complete the following information and return to Laura Jimenez to participate in TDHT 190:

1. Sign and complete 'TDHT 190-The New York Theatre and Dance Scene Application' on the next page
2. Attach a check or money order of $4,653*, payable to 'UC Regents'
3. Attach a copy front and back of your medical insurance card
4. Sign and complete the "Program Fees and Tuition" form
5. Sign and complete the "Waiver of liability, assumption of risk and indemnity" form
6. Sign and complete the "Theatre and Dance and Summer Session agreement" form
7. If you plan to enroll in TDHT 190 and TDGE 199 you must notify and arrange your TDGE 199 topic in advanced with Professor Nadine George-Graves

* subject to change

Once you submit the requested materials, your application will be reviewed then you will receive approval to enroll in the course.

Summer Session enrollment begins April 17th. You must enroll in TDHT 190 through WebReg and pay tuition and campus fees on TritonLink no later than June 26th.
1. **STUDENT INFORMATION**

   UCSD Student ID# A_____________________

   (Full legal name) Last  First  Middle

   _____________________________  _____________________________  _____________________________

   Current Address:  City/State/Zip

   _____________________________  _____________________________

   Phone Number  E-Mail Address

2. **COURSES** (July 3-August 5, 2017)

   I plan to enroll in (check all that apply):
   - [ ] TDHT 190-The New York Theatre and Dance Scene
   - [ ] TDGE 199*-Independent Study
      *Additional Summer Session tuition required for this course. Topic must be arranged in advance with Nadine George-Graves

3. **Do you have any physical limitations** that may affect your participation in this program? Physical limitations include: difficulty walking up/down several flights of stairs, difficulty walking more than 2 miles, etc.  No___ Yes___

   If yes, please describe your limitations:

4. **Do you have any dietary restrictions** that will affect your ability to participate in this program? No___ Yes___

   If yes, please describe your special needs:

5. **Insurance**: You must have adequate medical insurance to participate. List your insurance card information below. A copy of your insurance/medical card front and back is also needed.

   **If you currently have UC SHIP insurance**: Students enrolled in UC SHIP for Spring quarter have continued coverage for the Summer, up to the start of fall quarter. No action needed.

   **If you submitted a 2016/2017 SHIP waiver form**: You should already have medical insurance through your parents’, spouse or your own policy, make sure its still valid June-August 2017.

   For more information about SHIP and/or to enroll in medical insurance contact UCSD Student Health Center, (858) 534-2123

   __________________________________________  _____________________________

   Insurance Carrier Name  Medical Record #

6. **Emergency contact information**: Name of person to be contacted in case of emergency:

   __________________________________________  __________________________________________  __________________________________________

   First and last name  Phone number  Relationship

7. **Signature and Date**: I have read and understand the rules for the 2017 Summer Session TDHT 190 Program regarding enrollment and fees. I understand I am responsible for transportation to and from New York. I am also responsible for the course tuition fees to UCSD Summer Session.

   __________________________________________  __________________________________________

   Signature  Date
AGREEMENT TO PAY ALL PROGRAM FEES AND TUITION UPON REGISTRATION

The Summer Session course TDHT 190-The New York Theatre and Dance Scene has an associated program fee of $4,653*. This fee pays for housing, tickets to various New York plays, museums and attractions seen during the course. It does not include transportation, meals or Summer Session tuition and campus based fees.

I understand I must pay the program fee of $4,653*, to participate in TDHT 190. Payment must be made by check or money order payable to "UC Regents." The check or money order needs to be delivered to Laura Jimenez in the Department of Theatre and Dance, Galbraith Hall, room 209 by 4pm on May 12, 2017. Please note the course may fill up before May 12th it's on a first-come, first-served basis.

I understand I must enroll through TDHT 190 WebReg after being preauthorized by Laura. I also will pay all Summer Session fees by June 26.

After paying the program fee, I understand there will be no reimbursement, refund partial or complete, of the program fee of $4,653*, if I decide to drop TDHT 190-The New York Theatre and Dance Scene.

* subject to change

I have read and understand this document and accept this agreement form.

STUDENT SIGNATURE: ____________________________

PRINTED NAME: ________________________________

DATE:__________________
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, 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.

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 __________

TDHT 190-NY Theatre & Dance Scene

Travel Study Program (New York)

Signature of Participant (Student) __________ Date __________

Birthdate (mo/day/yr) __________

Please indicate person to notify in case of emergency (name): ______________________________ Telephone ______________________________

Relationship ______________________________ Address: ______________________________
1. I ________________________________, voluntarily agree to participate in the University of California, San Diego (herein after referred to as UCSD) Department of Theatre and Dance and Summer Session Program in New York (UCSD course TDHT 190-NY Theatre and Dance Scene) to be held from 3 July to 05 August, 2017.

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: ________________________________

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.

4. As consideration for being permitted by UCSD, through its authorized agent, or through one of its affiliated organizations, to participate in the event/activity described above in Paragraph 1, I ________________________________, hereby agree 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 of 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 ________________________________, 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 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 Workplace while participating in the event/activity described in Paragraph 1.

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 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 THEATRE AND DANCE AND SUMMER SESSION. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed at __________________________, __________________________, __________________________, on __________________________, 2017.

                      (City)                        (State)                        (Country)                        (Month/Day)

STUDENT RELEASEE

(Print Name) __________________________ __________________________

WITNESS

I certify that __________________________ acknowledged in my presence that __________________________ read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

Executed at __________________________, __________________________, __________________________, on __________________________, 2017.

                      (City)                        (State)                        (Country)                        (Month/Day)

(Print Name of Witness) __________________________ (Signature of Witness) __________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

(Typed or printed name and address)

Phone Number: (________________________)