ITEC Winter 20___
General Application Form

Name: First **Middle Initial** **Last**

Courses		**Winter Session**
Tropical Rainforest and Canopy Ecology	(TRE)	☐
Coral Reef Ecology	(CRE)	☐
Canopy Access Techniques	(CAT)	☐
Mariculture for the Planet	(MFP)	☐
Tropical Biodiversity and Conservation (TBC)		☐
Environmental Anthropology and Ethnobotany (EAE)		☐

All class schedules are subject to a minimum enrollment number. If your session is full or cancelled, would you prefer to: be assigned to another session ☐ become an alternate ☐ wait until next year ☐

Conservation and Volunteer Positions

These programs are subject to funding and available personnel. Please contact ITEC for details.

Forest Restoration Program ☐ Field Station Volunteer ☐ Local Education Program ☐

***Survey**: How did you learn about ITEC?*

Poster ☐ Friend ☐ Professor ☐ Web site ☐ Listserv ☐ Other _____

Name: First Mid Init Last

Mailing Address
Street
City State or province Postal Code Country

_____
Phone: Int'l Code ( ) Area Code ( ) Number

Citizenship (country) Place of Birth
Passport # or Cedula # (or indicate that it has been applied for.)

Email

Permanent Address (or indicate Same as Above)
Street
City State or province Postal Code _____ Country _____

Phone: Int'l Code ( ) Area Code ( ) Number

Personal Data
Date of Birth (MMDDYYYY) _____Height _____ Weight _____

Sex: Male ☐ Female ☐ Marital Status: Single ☐ Married? ☐ Age _____

Medical History
Do you have any physical handicaps? no ☐ yes ☐ If yes, please describe _____

Please provide detail on any serious allergy, medical or dietary condition _____

Education
University or College _____

Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Post Bach ☐ Other _____

Graduate Student ☐ Department _____

Parent or Guardian (or emergency contact)
Name _____ Phone: Area Code (_____) Number _____

Address _____Email _____

Physician
Name _____ Phone: Area Code (_____) Number _____

Swimming Proficiency: Advanced ☐ Moderate ☐ Beginner ☐ Cannot Swim ☐

I have read and understood the information provided here, its descriptions, processes and policies and certify that all the information I have provided to ITEC is correct and accurate to the best of my knowledge.

Applicant's Signature _____Date _____

MARRIED PARTICIPANTS IN ITEC PROGRAMS

All participants who are married must have the following provisions signed by their spouse.

AS A SPOUSE of _____ I have read each and every word of this Agreement and I fully understand what is contained therein. In exchange for permission for my spouse to participate in the Programs, I voluntarily sign this Release and Indemnity Agreement. By signing, I agree to release and discharge the Releasees from any and all claims I may have, including any claims for loss or deprivation of my spouse's services, support, sexual relations, comfort, or attention that I may suffer as a result of, arising out of, or in connection with any of the events, conditions, or risks stated in the Agreement, even if such loss, liability, damage, or costs is based on the negligence of the Releasees.

Name of Participant _____ Phone: Area Code ( )Number
Address _____

Name of Program (check) Education☐ Conservation ☐ Research Asst. ☐

SIGNATURE _____Date_____
THIS IS A RELEASE AND INDEMNITY AGREEMENT

CERTIFICATE OF INSURANCE COVERAGE

My insurance carrier has certified to me that my health and major medical insurance which is currently in force, provides valid coverage for me while engaged in an education program in a foreign country. Policy information is given below:

Name of Insurer _____ Policy No. _____Address
_____
Phone: Area Code ( )Number Valid through (date) _____

I Further understand that I am responsible for providing my coverage for health, accident, major medical and hospital insurance during the period that I will be a participant in an ITEC program.

Name
Name of Program: ITEC Education ☐ Internship ☐ Research Assistantship ☐ Conservation☐

SIGNATURE _____ Date _____

ALL PARTICIPANTS IN ITEC PROGRAMS <u>MUST</u> BE INSURED.

Please contact your health insurance carrier to determine whether your coverage extends to your stay in Panama. If it does not, you will be covered must secure student travelers' insurance or some other kind of health insurance that will pay any medical expenses you may incur while at the Bocas del Toro Biological

Station. Excellent medical facilities are readily available, but they do require proof of insurance for admittance, the same as hospitals in the U.S.

ITEC RELEASE AND INDEMNITY AGREEMENT FORM

I, the undersigned, desire to participate in the **Education Program** or the **Conservation Program** (both being covered in this agreement under the term "Programs") offered by the Institute for Tropical Ecology and Conservation (ITEC) and taking place at or near the Bocas del Toro Biological Station, Bocas del Toro Province, Republic of Panama, Central America. I understand that ITEC will not allow me to participate in these Programs unless I also enter into the Agreement. Therefore, in exchange for permission to participate, I make the following representations and agreements which I understand that ITEC is relying on:

1. I am of sound mind, in good health, and possess no physical or mental conditions that would hinder or prevent me from participating in the Programs.
2. I am eighteen years of age or older.
3. The term "Releasees" as used in this Agreement shall mean ITEC, and their members, employees and agents utilized in connection with the Programs.
4. No one associated with the Releasees or with the Programs has made any representation or promise to me about the matters covered in the Agreement, apart from what is written in this agreement. In other words, this document contains the entire agreement between the Releasees and me with respect to the matters covered by the Agreement, and I understand that the terms of this Agreement are contractual ones that are legally binding on me.
5. I understand that this Agreement is binding not only on the Releasees and me, but also on our respective representative heirs, estates, beneficiaries, successors, and assigns.

RELEASE & INDEMNITY PROVISIONS FOR BENEFIT OF RELEASEES

In order to receive permission from the Releasees to participate in the Programs, I further agree as follows:

I understand that travel, foreign travel, and staying in a foreign country involves risks and can be dangerous. By my participation in the Programs, I voluntarily expose myself to these risks and dangers, whether expected or unexpected. I am aware of these risks and dangers and I am aware that I may obtain appropriate insurance coverage at my own expense.

On my own behalf and on behalf of anyone who, as a result of my participation in the Programs, can make a claim on my behalf or because of me, I agree as follows:

I release and discharge the Releasees from any and all liability and responsibility for any loss, damage, or injury of any kind that I may suffer as a result of or in connection with my participation in the Programs. This release covers any loss, damage, or injury caused by:

1. any criminal, illegal or unauthorized acts of third parties, including but not limited to any terrorist act, hijacking or sabotage;
2. any social or labor unrest;
3. any political conditions;
4. any mechanical or constructional difficulties or condition;
5. any diseases, local laws or climatic conditions,
6. any conditions, developments, actions or omissions outside of the control of the Releasees; and,
7. any other expected or unexpected conditions, developments or risks connected with travel, foreign travel, or staying in a foreign country, even if I suffer the loss of money, property, health, or life, and irrespective of who is or may be at fault, or whose negligence, including the negligence of the Releasees, many have caused my loss, injury or death.

I HAVE READ EACH AND EVERY WORD IN THIS AGREEMENT. I FULLY UNDERSTAND ALL OF THE TERMS OF THIS AGREEMENT AND THEIR SIGNIFICANCE. I VOLUNTARILY SIGN THIS RELEASE AND INDEMNITY AGREEMENT.

Name of Participant _____ Phone:Area Code ( )Number

Address _____

Name of Program: Education ☐ Internship ☐ Research Assist.☐

SIGNATURE _____ Date _____

THIS IS A RELEASE AND INDEMNITY AGREEMENT

FINAL PARTICIPANT RELEASE

I, the undersigned, an applicant for admission to ITEC Programs in Panama, do waive and release any and all claims against ITEC and its agents or host institutions for any injury, accident, or damages caused by any vehicle, act of war, weather, strike, sickness, quarantine, terrorist activity, government restriction or regulation, or stemming from any act or omission of any airline, railroad, bus hotel, taxi service, school, college, or other firm, agency (government or private), company, or individual. I also release ITEC and its agents and agree to indemnify them with regard to any financial obligations or liabilities that I may incur personally or any damage resulting from participation in these Programs. I do waive and release all claims, demands or causes of action against ITEC and its agents, host institutions or other facilities within the United States of America and abroad, for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, service, hotel, restaurant, school, college, or other firm, facility, company or individual.

I understand that all travel involves some risk, and I hereby agree to assume such risk that is inherently part of foreign travel as a condition of my acceptance and participation in ITEC Programs. I hereby waive and release any and all claims against ITEC and its agents for any injuries, damages, or losses incurred in connection with terrorist activities, social or labor unrest, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions, or developments, or any other actions, omissions or conditions within or outside the control of ITEC. By my participation in this program, I voluntarily assume any risks involved in such travel and presence abroad, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies offer insurance against some or many of the perils noted, and that I must opt to insure myself.

I hereby grant ITEC and its agents full authority to take whatever actions they may consider warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize ITEC and its agents, at their discretion, to place me at my own or my parent's, parents', or guardian's expense and without further consent, in a hospital within or without my country of residence for medical services and/or treatment, or if no hospital is readily available, to place me in the hands of a local physician for treatment, should the need arise. If deemed necessary or desirable by ITEC or its agents, I authorize them to transport me back to my country of residence by commercial airline or other accessible conveyance, and I assume responsibility of all expenses involved. Any funds advanced to me for any purpose will be reimbursed upon demand by either myself or my parent(s) or guardian. I have been advised that I must be covered by adequate health and accident insurance, valid in and outside my country of residence during the entire period of the specific ITEC program to which I am applying.

I agree to comply fully with the rules of ITEC and its agents, its host institutions and/or travel companies. I agree that ITEC has the right to enforce standards of conduct and academic integrity and that, should I fail to comply with them, ITEC has the right to terminate my participation in the Programs with no refund of monies paid. In the event of termination, I agree to be sent home at my own or my parent's, parents', or guardian's expense. I understand that this is an organized program of study or participation and that group standards must be observed. I will comply with the rules, standards, and instructions for participant behavior. I hereby waive and release any and all claims against ITEC or their agents arising out of my failure to remain under such supervision or to comply with rules, standards and instructions. I agree that ITEC and its agents have the right to terminate my participation at any time for failure to maintain standards or for any actions or conduct which ITEC and/or any of its agents deem to be incompatible with the interest, harmony, comfort, and well being of the other participants.

I understand that ITEC and its agents reserve the right to make changes in programs, itineraries, schedules, and academic calendar as may be required. I understand that if the program changes occur they will not impair or weaken the goals, educational objectives or academic standards of ITEC Programs. All reference to "parent" of the applicant shall include the legal guardian or other adult responsible for the applicant. The term "participant" refers to all individuals, students, instructors, teaching assistants, directors, field coordinators, research assistants, and long-term independent researchers engaged in ITEC programs or residing at the Bocas del Toro Biological Station.

I have read the terms and conditions set forth in the ITEC Information Packet for Programs conducted at the Bocas del Toro Biological Station, Panama, and I agree that these constitute a part of my agreement with ITEC. I understand and agree to all of ITEC's terms as set forth in the Information Packet and in this Release. I further understand that this agreement shall take force only upon my acceptance into ITEC Programs.

Name of Applicant _____

Signature of Applicant _____ Date _____

Please Return Completed Application to: ITEC Education Programs
2911 NW 40th Place
Gainesville, Florida 32605 USA

ITEC Application Completion Checklist

Be sure your application is complete. This will ensure there are no delays in processing. (This page is for your convenience. You don't have to send us this page when turning in your application!)

We will send you, by email, an acceptance letter, an invoice for the balance of your tuition and other useful packing and travel information when your application documents are complete and approved. Please make sure we have your current email address.

You can contact us by email: itec@itec-edu.org or by phone: (352) 367-9128 if you have any questions.

☐ Completed Application Form (including all **signatures** and health/insurance information.)

☐ Letter of Recommendation (or recommendation form completed by professor or advisor.)

☐ Student's statement of interest.

☐ Tuition Deposit (check or money order for $100 USD made out to **ITEC**)

ITEC STUDENT RECOMMENDATION FORM

Applicant: Please complete the top section of the form and give it to your professor or academic advisor. **You may have your recommendation sent in the form of a letter instead of this form.**

Applicant's name _____

Program: Field Course _____ Internship ☐ Research Assistants☐

Phone: Area Code ( )Number Email

Applicant's Signature _

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Referee: The student listed above has applied to participate in an intensive field program that will be presented at the Bocas del Toro Biological Station in Panama, Central America. Students, Research Assistants and faculty live together in a close, continuous academic and social environment which presents significant intellectual and interpersonal challenges to everyone involved. Consequently, it is important to evaluate the applicant's academic preparedness, level of maturity, interpersonal skills, and potential for success in this type of program. Please answer the following questions:

How long have you known the applicant? _____
In what capacity do you know the applicant? _____
How would you rate the applicant academically against his/her peers?

upper 5% ☐ upper 10% ☐ upper 25% ☐ upper 40% ☐ average ☐ below average ☐

Please provide a short but thorough letter of recommendation for the applicant which addresses the points listed above. (write below or attach a letter).

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Name ☐
Academic title
Academic address Phone: Area Code (_____)Number
Email

Signature _____ Date _____

Please forward this form to: ITEC, Education Programs, 2911 NW 40th Place, Gainesville, FL 32605.
You may also send by email to: ITEC@itec-edu.org
If you have any questions regarding our program please contact us at: 352-367-9128 or via email at: ITEC@itec-edu.org.