

AMERICAN RESEARCH CENTER IN SOFIA
75 Vasil Petleshkov St.
SOFIA 1510
BULGARIA
TEL: (+359 2) 947 9498
FAX: (+359 2) 840 1962
<http://www.arcsofia.org/>



АМЕРИКАНСКИ НАУЧЕН ЦЕНТЪР – СОФИЯ
УЛ. «ВАСИЛ ПЕТЛЕШКОВ» № 75
СОФИЯ 1510
БЪЛГАРИЯ
ТЕЛ. (02) 947 94 98
ФАКС: (02) 840 19 62
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ARCS STUDY TRIP Application Form

(Deadline: May 1, 2016)

Name: First _____ Middle Initial _____ Last _____

Study Trip

**Session
(July 24-31)**

Archaeology of Bulgaria

Survey: *How did you learn about ARCS?*

Poster Friend Professor Conference website

Listserve Other

Name: First _____ Middle Initial _____ Last _____

Mailing Address

Street

City

State

Zip Code

Country

Phone: International Code () Area Code () Number

Email _____

Permanent Address

Street

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City _____ State _____ Zip Code _____ Country _____

Citizenship (Country) _____ Place of Birth _____
Passport # _____

Personal Data

Date of Birth (MM-DD-YYYY) _____ Age: _____

Sex: Male Female Marital Status: Single Married

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

School, College or University _____

Freshman Sophomore Junior Senior Post Bachelor

Graduate Student Teacher/ Professor Other (If "other" please explain)

Emergency Contact: Name _____ Phone: _____

Address: _____

Participants Signature

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

Applicant's Signature _____ Date _____

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Married Participants in ARCS 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/except for the cases of gross negligence/.

Name of Participant
Address
Name of Program:

Phone: Area Code () Number

Signature _____ Date _____
This is a RELEASE AND INDEMNITY Agreement

ARCS RELEASE AND INDEMNITY AGREEMENT FORM

I, the undersigned, desire to participate in ____ (name of the program) ____ educational program (under the term "Programs") offered by the American Research Center in Sofia (ARCS) and taking place in the Balkans. I understand that ARCS 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 that I understand that ARCS 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.

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2. I am eighteen years of age or older.
3. The term “Releasees” as used in this Agreement shall mean ARCS, and their members, employees and agents utilized in connection with the Program.
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 representatives 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 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 conditions;
 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, may have caused my loss, injury or death.

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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:

SIGNATURE

DATE

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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 educational 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 ARCS program.

Name of Program _____

SIGNATURE _____ DATE _____

ALL PARTICIPANTS IN ARCS PROGRAM MUST BE INSURED.

Please contact your health insurance carrier to determine whether your coverage extends to your stay in the Balkans. If it does not, you must secure student travelers' insurance or some other kind of health insurance that will pay any medical expenses you may incur. Excellent medical facilities are readily available, but they require a proof of insurance for admittance.

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Final Participant Release

I, the undersigned, an applicant for admission to ARCS Programs, do waive and release any and all claims against ARCS 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 ARCS 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 ARCS 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 ARCS Programs. I hereby waive and release any and all claims against ARCS and its agents for any injuries, damages, or losses incurred in connection with terrorist activities, social or labor unrests, 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 ARCS. 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 notes, and that I must opt to insure myself.

I hereby grant ARCS 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 ARCS 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 ARCS 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 ARCS Program to which I am applying.

I agree to comply fully with the rules of ARCS and its agents, its host institutions and/or travel companies. I agree that ARCS has the right to enforce standards of conduct and academic integrity and that, should I fail to comply with them, ARCS 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 ARCS or their agents arising out of my failure to remain under such supervision or to comply with rules, standards and instructions. I agree that ARCS 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 ARCS 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 ARCS 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 ARCS 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,

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research assistants, and long-term independent researchers engaged in ARCS programs or residing at the ARCS center.

I have read the terms and conditions set forth in the ARCS Information Packet, and I agree that these constitute a part of my agreement with ARCS. I understand and agree to all of ARCS'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 ARCS Programs.

Name of Applicant _____

Signature of Applicant _____ Date _____

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Application Completion Checklist

Be sure your application is complete. We will send you an acceptance letter and other useful packing and travel information when your applications are complete and approved.

- Complete the application form, renaming it to include your surname, and send it electronically as a WORD file or PDF.
- Statement of interest
- Deposit (through PayPal for \$150 USD made out to ARCS). The remaining amount of the trip cost should be received by **May 31, 2016**.

All application materials must be in English and emailed to usadmin@arcsofia.org

The application deadline is May 1, 2016.

Please direct any questions about the fellowship program to Emil Nankov, Academic Director of ARCS, apo@arcsofia.org or ehn2@cornell.edu