

Please submit all forms through:

Slashtmp Upload / Secure Fax: 812.855.1947 / Mail: IUGFS, 1001 E. 10th Street, Bloomington, IN 47405

DO NOT SEND BY EMAIL!

Quick Admit – Special Registration

Name: _____
First Middle Last

Birthdate: (mm/dd/yyyy): _____ **Social Security Number:** _____

Ethnicity: (Select one or more)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- White

Marital Status: (circle one) Married Single **Gender:** (circle one): Male Female

Country of Citizenship: _____ **USA Visa Type:** _____
If country of Citizenship is **Not** USA

USA Citizenship Status: (circle one)

US Native US Naturalized Alien-Permanent Resident Alien-Temporary Resident

Current Address: _____
Street City State Zip Code

Current Phone: _____ - _____ - _____

Permanent Address: _____
Street City State Zip Code

Permanent Phone: _____ - _____ - _____ **Phone Country Code:** (Outside USA) _____

Current email: _____

Home County: (Indiana Residents Only) _____

RESIDENCE CLASSIFICATION FOR FEE-PAYING PURPOSES AT INDIANA UNIVERSITY

To be completed by all students, regardless of state of residence

University ID (**IU students only**) _____
(ten-digit University ID number)

Registration Semester/Year _____ Audit Deadline (office use) _____

Name _____ Date of Birth _____

Visa Status (non-U.S. Citizens only) _____ Military Tax Withholding State _____
(from leave and earnings statement)

Addresses Where You Have Resided FOR THE PAST 3 YEARS:

Dates (month/year)		Street	City	State	Zip Code
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Names and Addresses of Employers FOR THE PAST 3 YEARS:

Dates (month/year)		Employer	City	State	Part time	Full or
From	To					
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Colleges and Universities Attended FOR THE PAST 3 YEARS:

Dates (month/year)		Institution	City	State	Degree
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I certify that the information provided on this form is complete and correct to the best of my knowledge.

Student's Signature _____ **Date** _____

IF YOU ARE UNDER 21, PLEASE SUPPLY THE FOLLOWING INFORMATION:

Name of Parents _____

Address of Parents _____

Office of the Registrar, Bloomington

Do not complete highlighted areas

University ID number (Ten-Digit Number; Not SSN)			Date of birth
First Name	MI	Last Name	
Street address			
City	State	ZIP	
E-mail address		Phone	
I intend to enroll: ___ Fall ___ Spring ___ Summer Year: 20___ Program Level: ___ Undergraduate ___ Graduate			
Last semester/summer session attended IU: ___ Fall ___ Spring ___ Summer Year: 20___			
If you have completed any college coursework since last enrolled at IU, please complete the following:			
College:	Degree:		
If you were previously registered under a name other than the one above, please list			
Have you ever been charged with or convicted of a misdemeanor or felony? ___ Yes No			
Have you engaged in behavior that resulted in mental or physical injury to person(s) or personal property? ___ Yes ___ No			
If yes to either question, please attach the documentation specified in the paragraph below. Additional information may be requested and additional time may be required to review this information.			
Criminal Activity Disclosure:			
We are committed to maintaining a safe learning environment. As such, we require applicants who have been charged with or convicted of a misdemeanor or a felony, or who have engaged in behavior that resulted in mental or physical injury to person(s) or personal property (e.g., behavior that led to a restraining order, etc.), to disclose that information. A previous conviction or previous conduct does not automatically bar attendance at IU, but does require review. You must provide a brief explanation, including location (city, state, and country) of conviction or previous conduct, as well as dates and court disposition. This needs to be in English. Your signature here gives Indiana University permission to access any criminal records.			
If additional legal charges or injurious behaviors as described above occur prior to matriculation at IU, you must provide updated information to the Office of Admissions, 300 N Jordan Avenue, Bloomington, IN 47405, before attending classes. The committee must review it prior to your matriculation at IU.			
Your Signature		Date	

New and returning students: Please fill out this form in its entirety and return it with your Special Registration form to your school/program office.

Assumption of Risk and Release from Liability

The Department of Geological Sciences, on behalf of the Trustees of Indiana University (“IU”), maintains the **IU Geologic Field Station** located in Cardwell, Montana (the “Field Station”). This Assumption of Risk and Release from Liability (“Agreement”) pertains to my stay at the Field Station from _____ to _____.

I, _____, wish to stay at the Field Station. In consideration of the services rendered and services to be rendered in managing the Field Station, and in consideration of my stay at the Field Station, I hereby agree to the following:

1. I understand that IU is not providing transportation for my stay at the Field Station and that it is up to me whether I travel on my own and/or use my vehicle or travel in a vehicle owned and/or driven by a friend, colleague or any other individual.
2. I understand activities during my stay may include, but are not limited to, the following: travel to, from, and during my stay; physical activities (e.g., running, hiking, swimming, etc.); physical exertion such as lifting or moving heavy objects; spending extended periods of time outdoors being exposed to the elements (sun, wind, rain); and consumption of food and/or beverage.
3. I understand that certain risks are inherent in travel and in my stay at the Field Station, and that some of these risks may differ from the risks normally associated with overnight stays at a lodging facility. These risks may include, but are not limited to, physical injury while on the Field Station property, including entrapment, temporary or permanent disability, and/or death; sunburn; sun poisoning; insect stings; poisonous and non-poisonous snake bites; other injury related to wild animals; potential use of gun(s) by a Field Station employee; and getting lost while exploring the Field Station and/or its surrounding areas.
4. I understand that some driver(s) of the vehicles in which I ride during my stay, the owners, employees, officers or agents of any attraction, enterprise or vendor of which I take part or participate during my stay at the Field Station, the staff/employees of any hotel at which I stay, the staff/employees of any site I may visit, the owners/ranchers of any privately owned property, the other guests at the Field Station (whether associated with my group or not), and other third parties (collectively, “Third Parties”), are not the agents or employees of IU and that dangers may be caused by the negligent or intentional act(s) or omissions of such Third Parties. I understand that IU is not responsible for any injuries or property damage that may be caused by the acts or omissions of such Third Parties.
5. I understand and acknowledge that I am responsible for knowing and staying within the boundaries of the Field Station and/or public facilities or premises. I understand that IU shall not be held responsible for my trespass on private property. I further understand that IU shall not be held responsible should I get lost and fail to return to the Field Station, nor is IU responsible for keeping track of my whereabouts during my stay at the Field Station.

Assumption of Risk and Release from Liability

6. **I understand that my stay at the Field Station entirely voluntary and at my own risk. I fully understand the scope of the activities and the potential risks involved in staying at the Field Station. I agree to assume the risks of staying at the Field Station, including the risk of catastrophic injury or death. I also agree to abide by any and all rules and regulations associated with my stay at the Field Station, as established by IU and the Field Station (including the staff and academic faculty members), including the Field Station “Terms of Use Agreement.”**
7. I understand and agree that IU does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property, and that IU strongly recommends that I carry my own health, medical, and property insurance for purposes of potential losses related to my stay at the Field Station.
8. **I hereby release and fully discharge The Trustees of Indiana University, including its officers, agents, and employees, from any and all claims or causes of action that may be brought by me, including all liability for damage to personal property, personal injury or loss which may result from my stay at the Field Station, whether caused by negligence or otherwise, to the fullest extent permitted by law.**
9. This Agreement shall be governed by and construed under the laws of Indiana. Notwithstanding any other agreement that I have signed related my stay at the Field Station that purports to establish the venue for any litigation arising from my stay at the Field Station, I agree that I will file no action against IU or its officers, employees, and agents, whether based on this Agreement or in any way otherwise connected to my stay at the Field Station, in any court other than the Circuit Court of Monroe County, Indiana.
10. **I have read this entire Agreement, I fully understand it, and I agree to be bound by it.** I represent and certify that my true age is at least 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has also signed the Agreement.

Participant Name (Print)_____

Participant Signature_____

Date_____

If Participant is under 18 years old, his/her parent or guardian must sign below.

Printed Name:_____

Parent/Guardian Signature:_____

Date_____

INDIANA UNIVERSITY (“IU”) GEOLOGIC FIELD STATION

CODE OF CONDUCT

All individuals using the facilities at the Indiana University Geologic Field Station (“Field Station”), whether participating in class/program activities or otherwise using or staying at the Field Station facilities, agree to the following terms and conditions:

1. Individuals shall behave in a professional and courteous manner at all times during his/her stay at the Field Station. Each individual is expected to conduct him/herself in a spirit of cooperation, respect and thoughtfulness for other guests, drivers, staff, instructors, and for the environment.
2. Individuals shall not use alcohol or illegal drugs (or be under the influence) at any time, unless such alcohol use has been previously approved by the appropriate Field Station staff member. Binge drinking at any time may result in being asked to leave the Field Station.
3. Smoking is not allowed at the Field Station or on Field Station property.
4. IU has zero tolerance for sexual harassment. IU abides by Section 703 of Title VII of the 1964 Civil Rights Act, which states:
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment, 2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or 3) ***such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.*** (Emphasis is by IU).
5. Individuals shall abide by all rules and regulations of the Field Station as set forth by the Field Station Administrative Staff and Academic Faculty.
6. Individuals shall abide by all rules and regulations regarding state vehicles, including never transporting alcohol or illegal substances in any state vehicle, or operating cell phones/texting while driving.
7. **If you are a student:**
 - a. All Indiana University Policies and Procedures apply to students in the field. This includes those set forth for academic misconduct such as cheating and plagiarism. Details of these policies are provided in material that will be provided to all students.
 - b. All classes, lectures, and field days require attendance. Failure to attend will result in lowering of student’s grade.
 - c. Any transgression from professional conduct may result in the student being sent home, **at his/her own expense**, assigned an “I” (incomplete) or “F” for the course (at the discretion of the instructors), and the forfeiture of any scholarship award and all fees already paid.

I, _____, hereby agree to comply with the above stated policies and to follow any instructions provided in order to ensure the safety of all Field Station guests.

Signature _____ Date _____

Please indicate the course in which you will be participating:

X479 _____ X429c _____ X429g _____ X429s _____ X429e _____

JUDSON MEAD GEOLOGIC FIELD STATION OF INDIANA UNIVERSITY
STUDENT INFORMATION FORM

Student Information

Name: _____
Last First Middle

Name to appear on name badge: _____
(please print first and last name)

Drivers License Number _____ State _____ Exp date _____

Address on License _____ Zip Code _____

E-mail address: _____

Birth date: _____ Cell phone: _____

University currently attending: _____ GPA: _____

University Status: (circle one) Junior Senior Post-Bachelor Graduate (M.S. or Ph.D.)

Dietary Information

Special dietary needs:

Vegetarian

Other/Food Allergies (please specify): _____

* We are unable to accommodate a vegan diet.

Emergency Contact Information

Name: _____ Relationship: _____

Phone Numbers(s) Daytime: _____ Evening: _____

Name: _____ Relationship: _____

Phone Numbers(s) Daytime: _____ Evening: _____

Physician(s)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Medical Information

Note: This information is requested for your safety only. It will be held strictly confidential.

Blood Type (if known): _____ Height: _____ Weight: _____

Allergies (insects, medications, others). Please describe the allergy and the reaction: _____

Have you ever suffered from heat exhaustion or heat stroke? Yes _____ No _____

Current medications you will be taking during field camp (name, dosage, reason for taking): _____

Do you require refrigeration for any of these medications? Yes _____ No _____

Please list any special conditions you are aware of or have been told by a physician that we should be aware of (i.e., injuries, medical diagnosis, surgeries, arthritis, asthma, heart disease, high blood pressure, seizures, etc.):

Special Beliefs

State any religious or other beliefs that might have an impact on medical care, such as blood transfusions, etc.

Medical Services Permission Release

During the participation in an Indiana University program, the Trustees of Indiana University, its agents, servants, and employees are hereby authorized to provide and secure any medical services, and authorize the diagnosis and treatment (including, but not limited to, surgery and the administering of anesthesia) of any injury or illness as in its judgment is necessary or advisable for the individual.

I hereby agree that the MEDICAL HISTORY provided above is true to my knowledge. I declare that I have read and understand the contents of this MEDICAL SERVICES PERMISSION and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Signature: _____ Date: _____

TRAVEL PLANS X429

Name _____ Date _____

Summer Address _____

Phone _____ Cell Phone _____

Please read each of the following carefully and mark all that are applicable

I plan to join the course in **Rapid City, South Dakota.**

I plan to arrive there via _____
(airplane, bus, train, etc.)

---- OR ----

I would like to travel to Rapid City in the caravan leaving from **Bloomington, Indiana on June 19.** You must arrive on campus in Bloomington on Sunday, June 18 by 5:00 pm.

If traveling from Bloomington, please mark **one in each section below:**

I will need a dormitory reservation while in Bloomington the night of June 18

\$50.40 – will be added to your Bursar bill

I DO NOT need a dormitory room in Bloomington

I plan on driving my vehicle to Bloomington and will need to purchase a parking permit

\$48.00 – will be added to your Bursar bill

I DO NOT need to purchase a parking permit

I plan to **return** to Bloomington in the caravan

\$50 for motels - will be added to your Bursar bill

I DO NOT plan to return to Bloomington in the caravan

I plan to **drive my car to the Field Station (must be approved in advance).*** +

Please contact Amanda Coats to discuss this option and to obtain approval at 812-855-1475 or iugfs@indiana.edu

** For general safety considerations related to vehicular traffic on the unimproved road into the Field Station, students are not permitted to use private vehicles at anytime during the course. We will provide transportation in University vehicles, at no extra cost, for a range of weekend activities.*

+ If you wish to drive to the Field Station, transportation to Rapid City from the Field Station cannot be guaranteed. In this event, air or bus travel from Bozeman to Rapid City, at your personal expense, would be the only option. You will also be responsible for transportation and related expense from the Field Station to Bozeman.

I, _____, hereby authorize the above selected additional fees to be added to my Bursar bill.

Signature _____ Date _____

Please provide notification if your plans change!

Photo, Video, and Audio Consent and Release Form

Indiana University Judson Mead Geologic Field Station

812-855-1475 www.indiana.edu/~iugfs

I ("Participant") authorize the Trustees of Indiana University ("IU"), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice ("Recordings"). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings. I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU's future use of the Recordings.

I have read this entire Consent and Release Form. I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.

Date(s) of Recordings June 18-August 3, 2017

Participant's Signature _____ Date _____

Participant's Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

If Participant is under 18 years old, then his/her parent or guardian must sign below.

Parent/Guardian's Signature _____

Parent/Guardian's Printed Name _____

INDIANA UNIVERSITY (“IU”) GEOLOGIC FIELD STATION
TUITION ACKNOWLEDGEMENT

All individuals with confirmed acceptance into G129, X429, G700 and/or X479 courses at the Indiana University Geologic Field Station (“Field Station”) agree to the following tuition terms and conditions.

1. All individuals will be administratively enrolled in the course upon receipt of all required documentation i.e application, transcript, acceptance forms, etc.
2. All Indiana University Tuition Policies and Procedures apply to students in the field.
 - a. If an undergraduate student enrolled in fewer than 12 credit hours drops and adds hours after the first week of classes, the student will receive a partial refund for the dropped class(es) (for regular, full-term class(es): 75% the second week, 50% the third, 25% the fourth and 0% thereafter) **and** will pay in full for the added class(es). For full policy, please visit:
<http://enrollmentbulletin.indiana.edu/pages/dropaddfee.php?t=spring>

I, (printed name) _____, hereby agree to comply with the above stated tuition policies and understand that I will be administratively enrolled in my course.

Signature _____

Date _____