

**FORT ST. JOSEPH  
JUNIOR HIGH SCHOOL (Grades 6-9)  
SUMMER ARCHAEOLOGY PROGRAM  
August 1 – 5, 2011**

**PLEASE COMPLETE THE APPLICATION IMMEDIATELY!  
REVIEW OF APPLICATIONS WILL BEGIN JUNE 1, 2011.**

Western Michigan University and the Fort St. Joseph Museum would like to invite students from grades 6-9 to join us for a week of excavations at the site of Fort St. Joseph during the 2011 Field School in Historical Archaeology. This is an excellent opportunity for students who are interested in local history, who are considering pursuing a career in archaeology, or who are looking for a fun and interesting way to spend some of their summer vacation.

During this program students will be given the opportunity to research the history of Fort Saint Joseph; a unique former missionary and trading post that has at various points in time been under the control of the French, British, Spanish, and the United States. In addition to participating directly in archaeological excavations, students will be exposed to the many aspects of what it means to be an archaeologist, from working in the lab to drawing conclusions about the people that once inhabited a site.

The student program will be held from August 1 – 5, 2011, 9am to 3pm. Availability is limited to 10 and admittance is at the discretion of the project director. There is a fee of \$125.00 to cover all expenses associated with the program except for lunch.

*If you wish to apply please forward the Waiver of Release and Indemnification Agreement and this application to the address listed below. Review of the applications will begin on June 1, 2011, and candidates will be notified of their acceptance by June 8, 2011 or until the program is filled. A check for \$125.00 made payable to Western Michigan University must be received by June 22, 2011 for the acceptance process to be considered complete and to ensure that the opening will not be made available to another applicant.*

Carol Bainbridge, Museum Director  
Fort St. Joseph Museum  
508 E. Main St.  
Niles, MI 49120  
Phone: (269) 683-4702, ext.212  
e-mail: cbainbridge@nilesmi.org

**APPLICATION FORM**  
**FORT ST. JOSEPH JUNIOR HIGH SCHOOL (Grades 6-9)**  
**SUMMER ARCHAEOLOGY PROGRAM**  
**August 1 – 5, 2011**

**PLEASE COMPLETE THE APPLICATION IMMEDIATELY!**  
**REVIEW OF APPLICATIONS WILL BEGIN JUNE 1, 2011.**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Grade you will be in this fall \_\_\_\_\_ Email \_\_\_\_\_

Briefly state your personal or academic reasons for wishing to participate in the program. List any experience or skills relevant to archaeological survey, excavation, or analysis. (You may attach an additional page if necessary.)

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Students will be expected to spend full days surveying and excavating outdoors in all types of weather. If you have any physical disabilities that may inhibit your full participation, please describe these on an attached page.

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Carol Bainbridge, Director  
Fort St. Joseph Museum  
508 East Main Street  
Niles Michigan, 49120  
269-683-4702, ext.212  
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## WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_, the parent / legal guardian of \_\_\_\_\_ have requested permission and have agreed to allow my child (the "Student") to participate in the Junior High School Students Archaeological Field School (the "Dig") led by Western Michigan University ("WMU") on the 15 acre site adjacent to and including the Fort St. Joseph memorial boulder /marker owned by the City of Niles, Michigan ("City") during the period of August 1 – 5, 2011. The Student is not required to participate in this Dig. Participation is wholly voluntary on the part of the Student and me. In consideration of the City's agreement to permit the Student to participate in this Dig, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1. I represent and warrant that the Student will be covered throughout the Dig by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries the Student sustains or experiences. I hereby release and discharge the City from all responsibility and liability for any injuries (including death), illnesses, medical bills, charges, or expenses the Student incurs while on the Dig or in transit to or from the Dig.

2. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the City and its employees, agents, servants, officers, trustees, and representatives (in their official and individual capacities) from any and all liability, loss or damage that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs, or expenses, including attorneys fees, which arise out of, result

from, occur during, or are connected in any manner with the Student's participation in the Dig and/or any travel incident thereto.

3. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify, defend, and hold harmless the City and its employees, agents, servants, officers, trustees, and representatives (in their official and individual capacities) from any and all liability, loss, or damage that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs, or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with the Student's participation in the Dig or any travel incident thereto.

4. I agree that this Waiver, Release, and Indemnification Agreement is to be construed under the laws of the State of Michigan; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it, I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/ Legal Guardian)

\_\_\_\_\_  
Name (Printed)