DEPARTMENT OF ANTHROPOLOGY

15 November 2011

Dear Study Abroad “Egypt of the Pharaohs” Student (ANAR 145S & 100):

Welcome! On behalf of the Department of Anthropology and UCSD Summer Session, I would like to thank you for your interest in the eight (or 12) unit study abroad course to be held in Egypt, 8-23 September, 2011. During this year’s course, we will visit 46 ancient Egyptian sites, including pyramids, tombs, and temples. Special highlights will be Bedouin camp-out in the White Desert and visits to the four of the western oases. This is the eighth year that I’ve run an archaeology Study Abroad program at UCSD (and my 12th year overall), and it promises to be a particularly exciting one!

The following pages contain information that should answer most of the questions you may have about the program. Please remember that it is open to UCSD students, students from other colleges or universities, family members, and friends. This may be the only course you take with your parent!

If you have any questions that are not answered here, please feel free to contact me by e-mail at: gbraswel@ucsd.edu. I also would be happy to meet with you at UCSD if you have any particular concerns.

Here is a timetable of important dates you must follow to participate in the program:

March 23: Preference will be given to completed applications received before or on this date. Applications will be reviewed on a first-come basis. Make sure you make an appointment with your doctor right away so your application will be complete! This is critical!

April 2: Payment of the $2695 Program Fee due no later than this date. A check made out to UC Regents should be mailed or brought to Ms. Theresa Blankenship, Room 210, Soc Sci. Building (see application for mailing address). If you bring the check by hand, make sure to get for a receipt.

Registration: Register online for ANAR 145S, ANAR 100, and—if you want—ANTH 198 with Prof. Braswell during the Summer Session. This will probably occur in April or May.

Tuition: Pay special attention to the date for Summer Session tuition & campus fee for the courses; this will probably be in June.

The rest of this document contains a program itinerary and a complete application package. The application, which should be completed and either brought or mailed to me at the Department of Anthropology, consists of:

(1) An enrollment form (1 page);
(2) An application essay (1 page) explaining why you want to come on the course;
(3) Two liability forms (3 pages total);
(4) A medical form (1 page) to be filled out by your physician; and
(5) A Program Fee agreement form (1 page).

A separate attachment contains a course handbook, which explains a lot about what we will do everyday, what to expect, and what to bring. It also answers a lot of questions you may have about traveling in Egypt.

I look forward to seeing you in Egypt!

Sincerely,

Prof. Geoffrey E. Braswell
Department of Anthropology, UCSD
9500 Gilman Drive, MC 0532
Egypt of the Pharaohs
2012
Trip Itinerary

September 8 Fly to Cairo, Egypt. Enjoy a welcome dinner. Night: Cairo.
September 9 See stepped pyramid at Saqqara and Memphis. Night: Cairo.
September 10 Pyramids of Meidum, Dahshur, Abusir, & Abu Ghurab. Night: Cairo
September 11 Visit the Sphinx and Pyramids at Giza. Tour the Egyptian Museum
Night: Bahariya Oasis.
September 12 See The Golden Mummies & three sites, Jeep Safari of Black & White
September 13 Farfara Oasis Museum, Al Qasr, Dakhla Oasis Sites. Night: Dakhla Oasis.
September 14 Temples of Dush & Habis, Kharga Oasis Sites. Night: Kharga Oasis
September 15 See the totally amazing Karnak Temple & Ramesseum. Night: Luxor.
September 16 Be awed by Hatshepsut’s Temple, the Valley of the Kings, Tombs of the
Nobles, and Medinet Habu Night: Luxor
September 17 Private trip down the Nile to Abydos, Dendara Temples, & Luxor Temple.
Night: Luxor
September 18 Marvel at Edfu Temple, climb inside the El Kab Tombs, visit Silsila and Kom
Ombo. Night: Aswan
September 19 Explore Noble Tombs, enjoy camel ride to St. Simeon monastery, see
Elephantine Island & Museum. Swim in the Nile from a felucca!
Night: Aswan.
September 20 Tour Kalabsha Temple, cross the High Dam, enjoy another felucca sailboat
ride, visit Nubian Museum. Night: Aswan.
September 21 Private convoy to Unfinished Obelisk, Sebua and Amada Temples and other
sites. Experience sound and light show at Abu Simbel. Night: Abu Simbel.
September 22 Be awed by Abu Simbel and Philae, two of Egypt’s most spectacular temples.
Night: Overnight train to Cairo.
September 23 Optional visit to Ibn Talun Mosque & Islamic Cairo. Fly home to California!

Plus much, much more!
Earn 8 or 12* University of California academic units in ANAR 145: Egypt of the Pharaohs. September 8-23, visit four museums and 46 ancient Egyptian sites. Program led by Professor Geoffrey E. Braswell, UCSD, Department of Anthropology.

Ancient Egypt
For the Adventuresome!
September 8 - 23, 2012

• Explore 46 ancient Egyptian sites dating back to 2800 B.C., including: Pyramids of Giza & Sphinx, Abu Simbel, Valley of the Kings, Luxor, Saqqara, Dendara, Dashur, Meidum, Edfu, Philae, Deir el Bahri, Ramesseum, Kalabsha, Medinet Habu, Kom Ombo, Valley of the Queens, Valley of the Nobles, Tombs of the Nobles, Abu Ghurab, Elephantine Island and much, much more!

• Visit four museums: Egyptian Museum in Cairo, Nubian Museum, Valley of the Golden Mummies Museum, and Aswan Museum

• Visit exciting cities: Cairo, Luxor, and Aswan

• Enjoy desert safari and Bedouin camping in the White Desert

• Professor lectures on Egyptian archaeology, ancient art and writing systems, contemporary society, and much more

• Enjoy native Zar music and Egyptian cuisine!

Ancient Egypt – Egypt of the Pharaohs
Program Fees
Undergraduate and Graduate Students

Payment and Deadlines:
Program fees for Hotel Rooms, Ground Transportation, Breakfasts & Lunches, Admissions …. $2695

Program fee of $2695 due no later than April 2, 2012.
Payment of Summer Session tuition* & campus fees due according to their schedule.

*Tuition is for either eight or 12 units of credit. You will be billed for Summer Session tuition and campus fees on your regular account when you register. You must pay tuition, in addition to the Program Fee, in order to participate.
1. **STUDENT INFORMATION**

   UCSD Student ID#

   (Full legal name) Last  First  Middle

   Address

   City/State/Zip

   (____)_______(____)____@_______

   Day Phone  Evening Phone  E-Mail Address

   Birthday  ____/____/____

   Male___ Female___

   Other Names on File at UCSD____________________

2. **COURSE AND PROGRAM FEE (September 8-23, 2012)**

<table>
<thead>
<tr>
<th>Session</th>
<th>Course/Number</th>
<th>Grading Option</th>
<th>Program Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Summer</td>
<td>ANAR 145S</td>
<td>Letter Grade</td>
<td></td>
</tr>
<tr>
<td>Session</td>
<td></td>
<td>Pass/ No Pass</td>
<td>Undergrad/Grad</td>
</tr>
<tr>
<td>Program Fee:</td>
<td></td>
<td></td>
<td>$2695.00</td>
</tr>
<tr>
<td>Hotels, two meals/day, ground transportation, admissions, subject to change. You must also pay tuition &amp; campus fees for 8 or 12 units of UCSD Summer Session credit.</td>
<td></td>
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</tbody>
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3. **Statement of Purpose:** Attach a one-page essay describing why you want to participate.

4. **Physician’s Report of Medical Examination:** A form will be provided. Mail to the address on this form. Your physician must indicate you are in good health to participate.

5. **Do you have any physical limitations** that may affect your participation in this program? No___ Yes___ If yes, please describe your special needs and submit with this enrollment form.

6. **Do you have any dietary concerns** that will affect your ability to participate in this program? No___ Yes___ If yes, please describe your special needs and submit with this enrollment form.

7. **Insurance:** Proof of adequate medical insurance is required. Coverage is available from the UCSD Student Health Center, (858) 534-2123. A copy of your medical insurance card must be submitted to the professor by April 2, 2012.

8. **Student Directory:** Yes I would like my name and contact information released to other students in the Program? Yes___ No___ I do not want my contact information released.

9. **Travel Documents:** Participants are responsible for obtaining and bringing their passports and for obtaining an Egyptian visa. Participants are advised that international travel is subject to both political and diplomatic conditions that are beyond control of the University.

10. **Rules & Regulations:** I have read and understand the above rules for the 2012 Summer Session Anthropology Egypt Program regarding the program fee and tuition. I understand I am responsible for travel arrangements not included in the program, including flights to and returning from Egypt.

11. **How did you hear about the Egypt study abroad program?**

12. **Payment:**

   Please wait until you have heard from Dr. Braswell that you have been accepted into the program. At that point, you will be asked to pay the Program Fee of $2695 in the form of a check made out to UC Regents and given to Ms. Theresa Blankenship in the Department of Anthropology, Room 210, SSB. Payment must be received by 2 April, 2012. You are also responsible for registering for the courses and paying the campus based fee and per unit tuition for 8 or 12 units of Summer Session credits. If you do not pay tuition and these fees, UCSD will drop you from the program. Finally, you must purchase an airline ticket to and from Egypt, as described in the Program Handbook. There will be no reimbursement of any portion of the Program Fee of $2695 once payment has been received, unless the program is cancelled.

   I have read and understand this entire application, especially that reimbursement of the Program Fee, in part or in full, will not be made.

   X___________________ 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. For myself, my heirs, personal representatives or assigns, I 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.

Signature of Participant (Student) Date

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 Birthdate (mo/day/yr)

Please indicate person to notify in case of emergency: ________________________________

Telephone ____________________________

Relationship ____________ Address ________________

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Participant’s Name: _______________________________________________________

(Please Print)

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Signature of Participant (Student) Date Birthdate (mo/day/yr)

Please indicate person to notify in case of emergency: ________________________________

Telephone ____________________________

Relationship ____________ Address ________________
DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION
AGREEMENT TO RELEASE THE DEPARTMENT OF ANTHROPOLOGY, ITS FACULTY AND STAFF, AND AFFILIATED PROGRAMS FROM LIABILITY

1. I ______________________, voluntarily agree to participate in the University of California, San Diego (herein after referred to as UCSD) Department of Anthropology and Summer Session Program in Egypt (UCSD courses ANAR 145s, ANAR 100, & ANTH 198) to be held from 8-23 September, 2012.

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, or employees, 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 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 or other acts, howsoever caused, by any employee, agent, guest or invitee, 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 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 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, or employees, 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 Work place while participating in the event/activity described in Paragraph 1: _____________.

(Name of Student Releasor)

(Initials of Student Releasor)
7. The undersigned hereby authorizes the Regents of the University of California and their appointed 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 therefrom, 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 ANTHROPOLOGY AND SUMMER SESSION. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed at____________________, ____________________, ___________________, on ________________, 2012.

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

STUDENT RELEASOR

____________________________________  __________________________________
(Print Name) (Signature)

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 ________________, 2012.

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

_________________________________  __________________________________
(Print Name of Witness) (Signature of Witness)

_________________________________
(Typed or printed name and address)

Phone Number: (________) ________
Student Name ____________________________________ Student I.D. Number ________________________________

This person is an applicant for a two-week study abroad program in Egypt offered by UCSD. The program requires visiting archaeological sites, some of which are near sea-level and in very hot (120°F) and dry environments. Students may walk up to 5 miles per day. No hiking or carrying of heavy loads is required, but students will need to carry water and personal effects. All the sites are official parks open to tourists. Please note that Egypt does not provide disability access as required in the U.S.A. by the Americans with Disabilities Act. Moreover, no ADA accommodations will be provided by UCSD to students while in Egypt.

Physician’s Report of Medical Examination: Please check the items below if they are considered ABNORMAL. Indicate under “Remarks” the pertinent details and your impression of their importance.

A. Standard Physical Examination
   _______ Past History   _______ Present History

B. Special Attention Areas
   _______ Past History   _______ Present History
   — Ears and Sinus
   — Respiratory System
   — Cardiovascular System
   — Physical Fitness
   — Life Threatening Allergies, Asthma, and Emphysema
   — Emotional and Psychological Stability
   — Other

Physicians Remarks:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

____ Approval (I find no conditions that I consider incompatible with this program.)
____ Disapproval (The applicant has conditions that, in my opinion, constitute unacceptable hazards)

(Please Print)

Physician’s Name: ___________________________________________ ‘Phone (Business): _______________________
Address: ___________________________________________ City/State/Zip: _____________________________

Physician’s Signature: __________________________________________________________________________
Date: ______________________________________________________________________________________
DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION
AGREEMENT TO PAY ALL PROGRAM FEES AND TUITION UPON REGISTRATION

The Summer Session courses ANAR 145S & ANAR 100, Study Abroad: Egypt of the Pharaohs has an associated program fee of $2695. This special fee pays for hotels; ground transportation in private vehicles, and on boats, camels, and a public train; all breakfasts and lunches as well as several dinners; and admission to all the archaeological sites, museums, and attractions we will see in Egypt during the course. It does not include Summer Session tuition and fees.

I understand that when my application (consisting of an application form and essay, two liability waivers, a medical form, and this agreement form) is approved, I must pay the program fee of $2695. Payment may be made by check made out to “University of California Regents.” The check must be delivered to Ms. Theresa Blankenship in the Department of Anthropology (see above address) by April 2, 2012.

Upon approval of my application, I will be cleared for registration and may do so online. After being accepted into the program and paying the special program fee, I understand that there will be no reimbursement, partial or complete, of the program fee of $2695 if I later decide to drop out of the study abroad program.

I have read and understand this document.

STUDENT SIGNATURE:______________________________________ DATE:__________, 2012

PRINTED NAME:___________________________________________________