

Application

School of the Americas Vigil &
Ignatian Family Teach-In for Justice

November 20-22, 2009



APPLICATION PACKET INSTRUCTIONS

Thank you for your participation in the SOA Vigil/Ignatian Family Teach in for Justice. We hope that it will be an exciting and rewarding experience for you! While you are taking thoughtful and meaningful action towards the resolution of important social issues, our hope is that each of you brings your commitment to community service and social change back to the UDM campus and incorporate it into your daily lives.

The SOA/IFTJ trip is coordinated by University Ministry. All participants are expected to participate in pre-trip orientations because it is important to begin building community before the trip. Post-trip wrap-up meetings are important because it will allow us to share the impact of the experience.

Turn in all parts of this application (Preliminary Information, Health & Emergency Contact Information, Photo Release, UDM Liability Release and Waiver) to the University Ministry Office on the McNichols campus between **9:00 am- 5:00 pm Monday through Friday**. A **\$30 non-refundable deposit** is payable by cash, check (**payable to the University of Detroit Mercy-SOA**) The *application letter for a partial scholarship, must be turned in* with this application in order to be considered for a scholarship. The remaining **\$70 is due by November 11, 2009**.

SIGN-UP *October 19* through *November 11, 2009*

PAYMENT INFORMATION AND POLICIES

Trip costs include transportation and lodging. With the exception of a continental breakfast on Sunday morning, meals are *not* included in the trip fees. Participants are responsible for all other meals—every effort will be made to keep costs to a minimum.

The cost to UDM students for the SOA/IFTJ trip is **\$100**. Each participant is required to pay a non-refundable deposit of **\$30** with their application. If a participant chooses to drop out before the trip, this deposit will cover expenses and a portion of their bus seat, which has already been paid by the University. If a student registers late, they may be responsible for a higher total cost of their trip.

Participants who drop after November 13, 2009 receive NO REFUND. Participants who drop before this date will receive a refund excluding their non-refundable deposit.

PAYMENT SCHEDULE

\$100.00 non-refundable deposit due with application

(payable by cash, check or money order to **University of Detroit Mercy** (memo line: SOA trip))

Application letter for a *partial scholarship* is due with application in order to be considered

Final Payment **\$100.00** is due by November 13, 2009.

The facts and policies contained in this packet are meant to keep participants updated and informed. When you, as the participant, sign the application form, you recognize these policies and agree to uphold the policies of University of Detroit Mercy's SOA trip.

ALL FOUR PARTS OF THE APPLICATION MUST BE RECEIVED BEFORE BOARDING THE BUS!

PART 1: Preliminary Information

PART 2: Health & Emergency Contact Information

PART 3: Photo Release

PART 4: UDM Liability Release and Waiver

School of the Americas Vigil/Ignatian Solidarity Network
November 20-22, 2009
Application

PART 1: PRELIMINARY INFORMATION

Name: _____ Date _____

BEST phone number

(i.e., the one you will answer): _____ (cell/home/work/other: _____)

Email _____

How did you learn about the SOA Vigil? Have you been on the trip before? (If yes, when?)

Why do you want to make this year's trip to the SOA Vigil and Ignatian Family Teach-In for Justice?

How do you think you could share this experience with the UDM community?

Is there anything else about you that you would like us to know?

I have read and understood the policies and procedures set forth in the application packet and agree to abide by them.

Participant's Signature

Date

Please return to Drew Peters in University Ministry ASAP. If you have any questions, email Drew at petersas@udmercy.edu or call him at 313-993-1560 (3-1560).

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PART 2: HEALTH AND EMERGENCY CONTACT INFORMATION

NAME: _____ DATE _____

HOME ADDRESS: _____

CITY, STATE, ZIP _____

PHONE NUMBER: _____ EMAIL _____

CELL NUMBER: _____

DATE OF BIRTH _____

MEDICAL INSURANCE CARRIER: _____

INSURANCE NUMBER: _____

IN EMERGENCY NOTIFY: _____

RELATIONSHIP: _____

CELL _____ WORK _____ HOME PHONE _____

DOCTOR'S NAME: _____

PHONE NUMBER: _____

ALLERGIES (INCLUDE ALL FOOD & MEDICINES): _____

MEDICINES NOW TAKING: _____

DISEASES: LUNG _____ HEART _____ KIDNEY _____ DIABETES _____ ASTHMA _____

OTHER MEDICAL CONDITIONS: _____

DATE OF LAST TETANUS BOOSTER: _____

IN THE EVENT OF AN EMERGENCY WHERE MEDICAL TREATMENT IS REQUIRED, I GIVE MY PERMISSION TO THE GROUP LEADER, TO OBTAIN THE SERVICES OF A LICENSED PHYSICIAN.

SIGNATURE: _____ DATE _____

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PART 3: PHOTO RELEASE AND UDM LIABILITY RELEASE AND WAIVER

Photo Release I, _____, hereby grant to University Ministry, UDM and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs and/or still video of me, or in which I may be included, for, advertising, web and any other purpose and in any manner and medium to alter the same without restriction; and to copyright the same. I hereby release University Ministry, UDM and its legal representatives and assigns from all claims and liability relating to said photographs and/or still video.

Participant's Signature

Date

Parent/Guardian Signature if Participant is under 18 years of age

Date

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UDM LIABILITY RELEASE AND WAIVER

This is a legally binding Release made by _____ ("Participant") to **University of Detroit Mercy** ("UDM") **and by** Participant's parent/legal guardian ("Parent") if Participant is under 18 years of age. The term, "Undersigned" refers to Participant (and to his/her Parent, if Participant is minor).

The Undersigned fully recognizes that there are dangers and risks to which Participant may be exposed by participating in the University Ministry sponsored program, (hereinafter "Program") as described as follows:

Name of Program: Ignatian Teach-In and the School of the Americas/Nonviolent Demonstration
Program Dates: November 20-22, 2009
Program site: Columbus, GA at the gates of Ft. Benning and other places in the city.
Transportation to Program: Contracted with Ground Travel Specialist Inc.
Kinds of Activities Involved in the Program: The Ignatian Teach-In is a conference style event with various speakers presenting to Participants. The SOA Vigil involves periods of prolonged walking and/or standing.

The Undersigned has signed this "Release and Waiver" in full recognition and appreciation of the dangers hazards, and risks of said Program, which dangers include, but are not limited to, physical injuries (minimal, serious, or catastrophic) and/or property loss or damage. The Undersigned understands that University of Detroit Mercy does not require Participant to participate in this Program, but the Participant desires to do so, despite the possible dangers and risks and despite this Release. If Participant is under 18 years of age, Participant's Parent hereby grants permission for Participant to participate in said Program. The Undersigned submits that Participant is physically able to participate in this Program.

If Participant is under 18 years of age and a medical emergency arises in which a Parent cannot be immediately contacted, the Undersigned grants permission to UDM to administer first aid to and/or obtain emergency treatment for Participant. If the Participant is 18 years old or older, Participant grants UDM permission to administer first aid to and/or obtain emergency medical treatment for Participant in the event of an emergency. The Undersigned agrees to pay for any/all costs of such treatment.

The Undersigned therefore agrees to assume and take on all the risks and responsibilities in any way associated with Program. In consideration of, and in return for, services, facilities, and other assistance provided to Participant by UDM in this Program, the Undersigned releases UDM (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to Participant, up to and including death, or from damage or loss of property in connection with Program. The Undersigned understands that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of UDM (or its governing board, employees, and agents), including but not limited to negligence, mistake, or failure to supervise by UDM.

The Undersigned recognizes that this Release means that Participant and his/her Parent(s) are giving up, among other things, rights to sue University of Detroit Mercy, its governing board, employees, and agents for injuries, damages or losses incurred. The Undersigned also understands that this Release binds Participant and his/her heirs, executors, administrators, and assigns. The Undersigned has read this entire Release, fully understands it and agrees to be legally bound by it.

Participant's Signature

Date

Parent/Guardian Signature if Participant is under 18 years of age

Date