

EXCAVATION - Site: Caune de l'Arago		Year: 2018	<i>Photograph</i>
SURNAME:	First name:		
Date of birth: <small>(dd/mm/yyyy)</small>	Place of birth:		
Nationality:	Gender:		
Address:			
Zip code:	Town:	Country:	
Phone:	E-mail:		
Ongoing studies:			
Qualifications:			
Excavation experiences <small>(sites, ages):</small>			
Relevant address in case of accident:			
Tetanus vaccination up to date: YES NO <small>(circle the correct answer)</small>		Phone:	Social security n°:
Known allergies:			
Particular health problems: <small>you wish to mention (dizziness, blood pressure fluctuations,...)</small>			
Arrival date:		Signature:	
Departure date:			
Participants agree to comply with the regulation of excavations Please join a letter disclaiming the organizer's responsibility in case of accident Return this form as early as possible in order to be allowed to participate			

RESPONSIBILITY and INSURANCE

I undersigned,.....
 declare discharging any responsibility in case of accident, whatever its nature, the staff of the Caune de l'Arago excavation, for the duration of my practical training at the site,

from.....

to 2018.

It is my responsibility to ensure my own safety during my movements and activities in the field and I agree to follow all safety rules on the excavation and to comply with instructions given by the Caune de l'Arago staff.
 I declare having an insurance, for myself and for others, that covers this voluntary activity in France.
 I will cover the eventual expenses of a medical examination on site or in the nearest desired structure and, therefore, I bring a Health Insurance Card and/or a Credit Card*.
 Furthermore, I pledge to take my own responsibility in any incident that may occur during my internship.
 It is my sole responsibility to ensure my property and I will not hold the organizers responsible for any loss or theft of my property.

(Location)..... the (date)..... 2018

Signature

(*)

- **French nationals** have to bring their Carte Vitale or a Carte Européenne d'Assurance Maladie.
- **nationals from EU countries** enclose with this application a copy of the European Health Insurance Card and come to the course with this card.
- **nationals from non-EU countries** enclose with this application a copy of the certificate of insurance and plan to cover the eventual medical expenses.