

## HUQOQ APPLICATION FORM

Dear Applicants,

The following pages contain the application for the 2022 excavations at Huqoq. This year's excavations are scheduled for Tuesday, May 31 – Sunday, July 3, 2022. We will arrange for a bus to depart for Huqoq from Ben-Gurion airport in Tel Aviv at 6:00 pm on Tuesday, May 31, so you should book a flight that arrives at Ben-Gurion no later than 4:00 pm on May 31. This means you should leave the US or Canada on May 30. Early on the morning of July 1, we will arrange for a bus to transport participants back to Ben-Gurion airport, so you should schedule your return flight from Ben Gurion no earlier than 11:00 am on July 1.

If you are an *undergraduate student*, you are required to enroll in the dig for academic credit through the UNC Study Abroad Program or one of the consortium schools (**EXCEPTIONS**: graduating seniors and undergraduates who participated in previous field seasons). Therefore, you should complete your application through and pay all fees *directly* to the UNC Study Abroad program or the relevant consortium school.

*All students participating in the excavation for no academic credit* should fill out the following forms (non-student participants should see the non-student application and fees at [huqoq.org/get-involved](http://huqoq.org/get-involved)). The application is divided into four parts, each of which should be completed fully:

1. Personal Data Form (pp. 1-2)
2. Medical Questionnaire (pp. 3-4)
3. Physician's Form (pp. 5)  
\*\*\*Please Note: Pg. 5 should be printed out and given to your physician to fill out\*\*\*
4. Informed Consent/Waiver of Responsibility Form (pp. 6)

Once you have completed the form, you should print it out. Sign and date pp. 2 and 6. Finally, submit each of the portions listed above along with a copy of the first page of your passport (the page which contains your photo and information). The completed application materials should be mailed to Dr. Magness no later than **March 1, 2022**.

Those of you who are not attending the dig for academic credit must pay your dig fees by **March 31, 2022**, in order to guarantee your space on the excavation.

The fee for **student participants who are not receiving academic credit** this year is \$4990, not including your airfare to Israel (which you should arrange yourself). The breakdown of the fee is as follows:

Room and Board:	\$3790
<u>Dig Fee (for transportation, field trips, etc):</u>	<u>\$1200</u>
Total:	\$4990

Note that participation on the dig for the entire month is required for everyone. No one will be accepted to the dig who cannot stay for the entire month.

Your dig fee should be paid as a personal or bank check, made payable to the “UNC Religious Studies Department.” In the “for” line (usually the bottom left of the check), write that the check is for “Huqoq Dig Fee.”

Please send all application materials and fee payments to:

Professor Jodi Magness  
Department of Religious Studies  
CB#3225  
University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-3225

If you are in the Chapel Hill area, you may also drop off the application materials in Dr. Magness’ box in the Religious Studies Department Office, Carolina Hall 125.

We look forward to working with each of you this summer!

Thanks,  
The Huqoq Staff

*PS: Please note that some of the spaces on the form are connected to save you time: this means they will fill in automatically if you fill in other spaces. The space in the upper right corner of each page should be your Last Name.*

## HUQOQ APPLICATION FORM

Name: _____ (Last Name)	_____ (First Name)	_____ (Middle Initial)
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***Citizenship/Birth Information:***

Citizenship: \_\_\_\_\_ Passport #: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***Contact Information:***

Current Address:

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address Effective Until: \_\_\_\_\_

Permanent Address/After School Year:

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Please include an account you check regularly)

Marital Status: \_\_\_\_\_

***Occupational Information:***

Field of Study / Occupation: \_\_\_\_\_

Are you a Student?      Yes              No

Institution: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

***Excavation Information (if necessary, attach an additional sheet):***

1) Briefly describe why you wish to participate in the excavation.

2) Have you previously visited the Middle East? When?

3) Do you know any Hebrew or Arabic?

4) Briefly describe your past experiences in archaeological excavations, if any (names and dates of excavations).

5) List any courses you have taken in archaeology, and where you took them.

6) Do you have any archaeological skills or training in conservation, surveying, drafting, photography, or computer programming (such as GPS)?

***Emergency Contact Information:***

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

***Application Signature:***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Send all application materials to:

Professor Jodi Magness  
Department of Religious Studies  
CB #3225  
University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-3225  
magness@email.unc.edu

**NOTE TO APPLICANTS:**

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING:

- 1) Completed medical form
- 2) Signed "Informed Consent/Waiver of Responsibility Form"
- 3) Photocopy of the first page of your passport (page with your photo / personal info)
- 4) Completed application form

**HUQOQ EXCAVATIONS - MEDICAL FORM**

***THIS FORM IS TO BE COMPLETED BY THE APPLICANT. IT IS ESSENTIAL THAT YOU ANSWER THE QUESTIONS COMPLETELY, AND ACCURATELY. PLEASE INFORM US IF YOU HAVE ANY MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE.***

Name: _____ (Last Name)	_____ (First Name)	_____ (Middle Initial)
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***Personal Information:***

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

***Medical Insurance:***

Name of Medical/Accident Insurer: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address of Insurance Company:

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

In case of emergency, how will you contact your carrier from Israel?  
(NOTE: it is impossible to use an 800 number to phone the US from Israel).

\_\_\_\_\_

**Please provide written confirmation that your insurance carrier will cover you in Israel.**

***Medical History / Questionnaire:***

Are you allergic to sunscreen?  Yes  No

Have you had eye infections, glaucoma, or any eye surgical procedures, or do you use any eye medications?  
Explain:  Yes  No

Do you wear contact lenses?  Yes  No

If so, will you wear them on the excavations?  Yes  No

Do you take any medications for your ears or nose?  
Explain:  Yes  No

**Cardiovascular Problems:**

Do you have a heart murmur?  Yes  No

Do you have high blood pressure?  Yes  No

Do you take any medications for the heart, blood pressure, or high cholesterol?

Yes

No

If so, what medications do you take?

Do you have any food intolerances or allergies?

Yes

No

Explain:

Do you take any medications for your bladder or kidneys?

Yes

No

Explain:

Have you suffered any back or head injuries?

Yes

No

Explain:

Do you suffer from migraines or headaches?

Yes

No

If so, what medication do you take?

Do you have seizures or epilepsy?

Yes

No

Do you take medications for anemia of any type?

Yes

No

If you have been hospitalized for a major physical or mental illness, surgery, or injury, please give the year, the reason, and the result:

Do you now or have you ever had any allergic reactions to drugs, injections, or insect bites? If yes, give details:

List all medications that you are now taking and for what purpose:

Have you been restricted in any physical activities by a physician in the past year? If so, why?

## HUQOQ EXCAVATIONS – PHYSICIAN’S FORM

**\*APPLICANT: GIVE THIS FORM TO YOUR PHYSICIAN\***

Name: _____ (Last Name)	_____ (First Name)	_____ (Middle Initial)
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**NOTE TO THE PHYSICIAN:**

This individual is applying to participate on a study abroad program offered by the University of North Carolina at Chapel Hill in Huqoq Israel, involving an archaeological dig. Your examination is needed to determine the individual’s **present state of physical and emotional health** and his or her ability to withstand the strenuous outdoor living required for archaeological excavations. Physical labor such as bending and lifting dirt and rocks performed in Galilee’s hot and humid summer climate will be required. Disorders of the musculo-skeletal system, especially of the lower back, should be carefully considered. The presence of dust and dirt necessitates careful consideration of those with respiratory disorders, especially asthma. Individuals with contact lenses should plan to wear eyeglasses while digging. The presence of health problems must be carefully evaluated, especially in older individuals.

With these considerations in mind, please perform a thorough physical examination of the individual and write your findings on this sheet. If necessary, attach an additional sheet. Please include the following information:

- list any significant impairments and diagnoses;
- do you have any reservation in recommending this individual for participation in the strenuous outdoor activities described above? If so, why?
- in case a medical emergency arises and it is necessary to seek medical treatment for this individual in Israel, is there any information we should be aware of? (medical conditions, allergies, etc.).

**Assessment:**

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician’s Name (printed/typed): \_\_\_\_\_

Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PHYSICIAN: PLEASE MAIL OR FAX THE COMPLETED FORM TO:**

Professor Jodi Magness  
 Department of Religious Studies  
 CB #3225  
 University of North Carolina at Chapel Hill  
 Chapel Hill, NC 27599-3225  
 Fax: (919) 962-1567  
 magness@email.unc.edu

**RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK**

For purposes of this Release, Waiver of Liability, and Assumption of Risk (“**Release**”), the party intending to participate in the University activity shall hereafter be referred to as “**Participant**.” The University of North Carolina at Chapel Hill, and its trustees, officers, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as “**University**.” The Participant’s successors, assignees, heirs, guardians and legal representatives shall be referred to as “**Participant’s Representatives**.” The 2022 University excavations at Huqoq, Israel, study abroad program in which the Participant will participate shall hereafter be referred to as the “**Program**.”

1. **Release, Waiver of Liability, and Assumption of Risk:** Participant understands that the archaeological excavations at Huqoq are a requirement of the program. Participant also understands that such excavations will take place under severe climactic conditions and will involve difficult physical labor. In consideration of the opportunity afforded Participant to participate in the program, Participant hereby releases and forever discharges the University from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from or in connection with the Program whether resulting from the negligence of the University or otherwise. Participant understands that this Release discharges the University from any liability or claim that Participant may have against the University with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in the Program, even if the University was negligent. Participant understands and acknowledges that potential risks to health and personal property may be associated with participation in the Program, and Participant voluntarily assumes those risks.

2. **Health and Safety:** Participant has reviewed applicable U.S. Department of State (“DOS”) information concerning travel to and around the foreign country that is in connection with the Program. If DOS should issue a safety or security alert or warning for the country, Participant shall reasonably comply with such alert or warning. Participant understands it is their responsibility to determine the medical and other risks associated with the country. Participant has obtained up-to-date vaccinations and immunizations consistent with instructions provided by their medical practitioner or the Program’s conditions of participation. Participant voluntarily accepts the risks of participation in the Program.

3. **Medical Treatment and Preexisting Medical Conditions:** In the event Participant becomes ill or is injured and is unable to consent to medical treatment, Participant hereby authorizes the University to obtain emergency medical treatment for Participant as deemed necessary, and Participant hereby assumes responsibility for the financial costs of such treatment. Participant understands that University does not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance of any nature in the event of Participant’s injury, illness, or death, or damage to or loss of property. Participant hereby releases and forever discharges the University, and any and all subsidiaries and other affiliates of the University, from any claim whatsoever that arises or may hereafter arise on account of any first aid, medical treatment, or service rendered. Participant will take appropriate precautions or medications to treat or reduce the likelihood of exacerbating any pre-existing health conditions or allergies.

4. **Other:** This Release represents the full understanding between the University and Participant and supersedes all prior agreements, understandings, representations, and warranties, both written and oral, between Participant and the University, with respect to the subject matter hereof. This Release shall be binding and enforceable against Participant and Participant’s Representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understood 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. **I am over the age of 18.**

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Name of Participant

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Signature of Participant  
Date