The 2014 Great Guatemalan Challenge, an eight-day backpacking trip - January 5-12, 2014.

Who Can Go?
This trip is designed for adults, age 21 and older, who are interested in an adventure and a challenge. We do ask full-time NU students, however, to apply to our sister program, the Great Guatemalan Adventure, which is offered every March through Campus Ministry.

What Will We Be Doing?
Over eight days, we’ll find ourselves hiking an active volcano, exploring Spanish and Maya villages, sleeping in bunks and beds in awesome hostels and mountain lodges, and coming together as a group as we navigate the challenges of backpacking in a foreign country. Along the way, we’ll meet with community leaders devoted to alleviating poverty in some of Guatemala’s poorest communities, and though we’ll be traveling as a group, there will be plenty of alone time for prayer, reflection, journaling, and just plain rest as we all take in the meaning of our experiences.

How Do I Apply?
To apply for the trip, please complete the attached forms and return them, either in person or by mail, no later than August 2, 2013 to:

Office of Continuing Education
Dunleavy Hall 103
Niagara University, NY 14109

We will also host an Information Session on April 17, 2014 at 6pm in St. Vincent’s Hall; 4th floor. You can still apply without attending the session, but this is a great time to find out more about this adventure.

The first 10 people to return completed applications will be selected for the trip so don’t delay. All applicants will be notified of the results no later than August 9, 2013 and selected participants can then make their deposit by the required date.

When is Payment Due?
The entire trip costs $2450, or $2150 for NU alumni and NU graduate students, which includes all of the essentials (e.g., flight, trip medical insurance, accommodations, park fees) except food. We recommend each participant bring an additional $250 for food for the week, and any additional spending money for souvenirs.

This year’s participants will need to make a non-refundable deposit of $1150 to Niagara University Continuing Education by August 23, 2013. The remaining balance ($1300, or $1000 for NU alumni) will be due no later than November 1, 2013.

It is up to each individual to obtain a valid passport and the necessary immunizations for travel in Guatemala. Participants who do not have a passport or the necessary immunizations will therefore incur additional fees.
### A. COMPLETED BY PARTICIPANT

1. Full Name

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<tr>
<th>2. Mailing Address</th>
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<td>3. Gender</td>
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<tr>
<td>□ Female</td>
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6. Alternative Trip

If you are not selected for the January trip, would you like to be considered for a possible May or June trip?

□ Yes  □ No

7. Medical Conditions

A. Have you ever been diagnosed with or treated for:

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Asthma</td>
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<td>Back pain</td>
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<td>Joint pain</td>
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<td>Trouble breathing</td>
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<td>Anxiety</td>
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<td>High blood pressure</td>
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B. Have you ever been diagnosed with or treated for an illness or injury that might impact your ability to safely participate in the activities of this trip? Please explain below.

C. Please list any allergies you have, including food, drug, and environmental factors.
Dear Licensed Health Care Provider:

The participant listed in Part A of this form has applied to participate in an eight-day backpacking trip in the highlands of Guatemala, scheduled for January 5-12, 2014. This trip is affiliated with Niagara University’s Continuing Education.

The trip will involve:

- Daily hiking (difficulty level: easy) of 1-2 hours in 50-80°F climates
- One afternoon of hiking (difficulty level: moderate) for 4 hours at an altitude of 8000 feet
- Sitting for 4-5 hours in buses that are known to jar the body
- Daily carrying of a backpack of 20-30 pounds for 30-60 minutes

Prior to acceptance into the program, we require each participant to obtain the following general medical clearance.

I have reviewed this form as well as any of the participant’s medical records that are available to me. To the best of my knowledge:

☐ The participant is cleared. There are no medical contraindications to participation in this backpacking trip.

☐ The participant is not cleared. Contraindications to participation exist.

___________________________________                    __________
Health Care Provider’s Name (Printed)                             Health Care Provider’s Signature or Stamp

___________________________________
Health Care Provider’s Address and Telephone Number

___________________________________
Date
In consideration for being permitted to participate in Niagara University’s 2014 Great Guatemalan Challenge (the "Program"), I hereby agree, represent, and warrant that:

Assumption of Risk
I understand that participation in the Program is voluntary and that there are unavoidable and unforeseeable risks in travel abroad. These risks include, but are not limited to, property loss or damage, physical or emotional injury and death. I understand that building safety standards in foreign countries are not the same as those in the United States. I acknowledge that I have independently reviewed and assessed said risks. Knowing these risks, and in consideration of the University allowing me to participate in the Program, I agree, individually, and on behalf of my heirs, successors and personal representative(s) to assume all of the risks and responsibilities associated with my participation in the Program. To the maximum extent permitted by law, I hereby release, hold harmless and indemnify the University and its trustees, officers, employees and agents from and against any present or future claim, loss or liability for injury to person or property or both which I may suffer, or for which I may be liable to any other person or entity during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

Personal Conduct
As a participant in the Program, I agree to behave responsibly and safely at all times, and to refrain from prohibited behaviors that include but are not limited to:

- Violations of the laws of the host country
- Violations of the rules set by Dr. Little or his representative
- Abuse of alcohol
- Use of illegal substances
- Disorderly conduct
- Repeated failure to control noise levels in housing facilities, including local hotels
- Participation in any disruptive activities, including but not limited to political activities, political parties or unions, demonstrations or protests
- Vandalism perpetrated against public or private property
- Harassment
- Assault or sexual assault

I understand and acknowledge that should I have or develop legal problems including, but not limited to, those involving foreign nationals or governments of the host country, I am solely responsible for all aspects of the defense and resolution of those legal matters.

Health and Safety
I understand that I will have to gain medical clearance prior to my participation in the Program. I hereby authorize Dr. Little and other representatives of the Program to review the form I provide regarding my health.

I acknowledge and agree that the University has no obligation to seek any medical treatment whatsoever on my behalf, or to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, the University is not responsible for the cost or quality of such treatment or care.

I represent and warrant that I will be covered throughout the Program and throughout my absence from the United States by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries I sustain or experience while abroad, and specifically in the countries where I will be traveling. I hereby release and hold harmless the University, its trustees, employees and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur while in the Program.
Orientation
I understand that I am required to attend the pre-departure meeting. It is my responsibility to make arrangements to attend this meeting.

Limits of University Responsibility
I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program, and I hereby agree to indemnify, hold harmless and release the University, its trustees, employees and agents from any responsibility or liability for expenses incurred by me due to the actions or omissions of any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program.

I understand that activities or independent travel conducted when I have free time before, during or after the Program shall be unsupervised by the University and its representatives, and undertaken at my own risk and expense. I agree to inform an official representative of the University of my travel plans; however, I understand that neither the University nor its representatives are responsible for me while I am traveling independently during such free time.

Withdrawal
I accept responsibility for all fees associated with the Program. If I leave or am expelled from the Program for any reason, there will be no refund for fees already paid.

Marketing Materials
I understand that University marketing material may include statements by Program participants and/or their photographs, and I consent to such use of my comments and photographs.

Additional Terms
I agree that, should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions will remain in full force and effect.

Signature
I represent that I have carefully read all three pages of this agreement, that I understand all of the terms of this agreement and that my signature below indicates my complete and willful consent to the terms. I represent that I am at least 21 years of age.

I agree that, should there be any dispute concerning my participation in the Program that would require adjudication by a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of New York.

______________________________________________
Printed Name of Applicant

______________________________________________
Signature of Applicant

______________________________________________
Date
In the event that I suffer an illness or injury that prevents me from making decisions relative to my immediate medical condition, Niagara University will make every effort to reach the person(s) I designate as emergency contacts below:

Emergency Contact #1: _________________________________________   ______________________
Printed Name                            Telephone Number

Emergency Contact #2: _________________________________________   ______________________
Printed Name                            Telephone Number

If Niagara University is unable to immediately communicate with my emergency contacts, I authorize any official representative of Niagara University to secure any medical treatment on my behalf (including but not limited to x-ray examination, the administration of an anesthetic, surgery, medical and/or psychiatric diagnosis or treatment and hospital care) deemed necessary or advisable by a licensed physician. I accept all financial responsibility for such treatment, and agree to reimburse Niagara University for any sum of money that it may pay on my behalf for the provision of medical services and treatment of the dispensing of medicine to me. I hereby release, indemnify and hold Niagara University, its representatives, trustees, officers, employees and agents harmless from and against any present or future claim, loss or liability for injury which I may suffer in connection with medical decisions made on my behalf. In executing this Authorization, I have not relied on any statements or promises as to the results to be obtained.

I further hereby acknowledge that Niagara University has no obligation to seek any medical treatment whatsoever on my behalf.

______________________________________________
Printed Name of Applicant

______________________________________________
Signature of Applicant

______________________________________________
Date