

Tropical Adventures Africa Field Study Programs

20 _____

General Application Form

Name: First _____ Middle Initial _____ Last _____

Courses	Session A	Session B	Session C
Tropical Biodiversity and Conservation (TBC)			
Primate Ecology (PE)			
Rainforest Ecology (RE)			
Tropical Avian Ecology (TAE)			
Neotropical Herpetology (NH)			
Tropical Erthnobiology (TH)			
Tropical Animal Behaviour (TAB)			

All class schedules are subject to a minimum enrollment number. If your session is full or cancelled, would you prefer to: be assigned to another session become an alternate wait until next year

Conservation and Volunteer Positions

These programs are subject to funding and available personnel. Please contact us for details.

Research Assistant Field Station Volunteer Our Field Study Programs

Survey: How did you learn about us?

Poster Friend Professor Web site Other _____

Name: First _____ Mid Init _____ Last _____

Mailing Address

Street _____

City _____ State or province _____ Zip/Postal Code _____ Country _____

Phone: Int'l Code (_____) Area Code (_____) Number _____

Citizenship (country) _____ Place of Birth _____

Passport N° _____ (or indicate that it has been applied for.)

Email _____

Permanent Address (or indicate Same as Above)

Street _____

City _____ State or province _____ Zip/Postal Code _____ Country _____
Phone: Int'l Code (_____) Area Code (_____) Number _____

Personal Data

Date of Birth (MMDDYYYY) _____ Height _____ Weight _____ Sex:
Male Female Marital Status: Single Married? Age _____

Medical History

Do you have any physical handicaps? no yes If yes, please describe _____

Please provide detail on any serious allergy, medical or dietary condition _____

Education

University or College _____ Department _____
Freshman Sophomore Junior Senior Post Bach Graduate Student Other (If
"Other", please explain) _____

Parent or Guardian (or emergency contact)

Name _____ Phone: Area Code (_____) Number _____
Address _____

Physician

Name _____ Phone: Area Code (_____) Number _____

Swimming Proficiency: Advanced Moderate Beginner Cannot Swim

I have read and understood the information provided here, its descriptions, processes and policies and certify that all the information I have provided is correct and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

MARRIED PARTICIPANTS IN THE PROGRAMS

All participants who are married must have the following provisions signed by their spouse.

AS A SPOUSE of _____ I have read each and every word of this Agreement and I fully understand what is contained therein. In exchange for permission for my spouse to participate in the Programs, I voluntarily sign this Release and Indemnity Agreement. By signing, I agree to release and discharge the Releasees from any and all claims I may have, including any claims for loss or deprivation of my spouse's services, support, sexual relations, comfort, or attention that I may suffer as a result of, arising out of, or in connection with any of the events, conditions, or risks stated in the Agreement, even if such loss, liability, damage, or costs is based on the negligence of the Releasees.

Name of Participant _____ Phone: Area Code (____) Number _____
Address _____

Name of Program (check) Education Internship Research Assistantship Conservation

Spouse's Signature _____ Date _____

THIS IS A RELEASE AND INDEMNITY AGREEMENT

CERTIFICATE OF INSURANCE COVERAGE

My insurance carrier has certified to me that my health and major medical insurance which is currently in force, provides valid coverage for me while engaged in an education program in a foreign country. Policy information is given below:

Name of Insurer _____ Policy No. _____
Address _____
Phone: Area Code (____) Number _____ Valid through (date) _____

I Further understand that I am responsible for providing my coverage for health, accident, major medical and hospital insurance during the period that I will be a participant in a TAAFS program.

Name _____
Name of Program: TAAFS Education Internship Research Assistantship Conservation

Applicant's Signature _____ Date _____

ALL PARTICIPANTS IN TAAFS PROGRAMS MUST BE INSURED.

Please contact your health insurance carrier to determine whether your coverage extends to your stay in Cameroon. If it does not, you will be covered must secure student travelers' insurance or some other kind of health insurance that will pay any medical expenses you may incur while at the Somalomo and the Bouamir Biological Research Station.

TAAFS RELEASE AND INDEMNITY AGREEMENT FORM

I, the undersigned, desire to participate in the **Conservation Programs** (covered in this agreement under the term "Programs") offered by Tropical Adventures Africa Field Studies (TAAFS) and taking place at the Somalomo and the Bouamir Biological Research Station, These facilities are located in and near the 526000 hectares Dja Faunal Reserve in Southern Cameroon.

I understand that TAAFS will not allow me to participate in these Programs unless I also enter into the Agreement. Therefore, in exchange for permission to participate, I make the following representations and agreements which I understand that TAAFS is relying on:

1. I am of sound mind, in good health, and possess no physical or mental conditions that would hinder or prevent me from participating in the Programs.
2. I am eighteen years of age or older.
3. The term "Releasees" as used in this Agreement shall mean TAAFS, and their members, employees and agents utilized in connection with the Programs.
4. No one associated with the Releasees or with the Programs has made any representation or promise to me about the matters covered in the Agreement, apart from what is written in this agreement. In other words, this document contains the entire agreement between the Releasees and me with respect to the matters covered by the Agreement, and I understand that the terms of this Agreement are contractual ones that are legally binding on me.
5. I understand that this Agreement is binding not only on the Releasees and me, but also on our respective representative heirs, estates, beneficiaries, successors, and assigns.

RELEASE & INDEMNITY PROVISIONS FOR BENEFIT OF RELEASEES

In order to receive permission from the Releasees to participate in the Programs, I further agree as follows: I understand that travel, foreign travel, and staying in a foreign country involves risks and can be dangerous. By my participation in the Programs, I voluntarily expose myself to these risks and dangers, whether expected or unexpected. I am aware of these risks and dangers and I am aware that I may obtain appropriate insurance coverage at my own expense.

On my own behalf and on behalf of anyone who, as a result of my participation in the Programs, can make a claim on my behalf or because of me, I agree as follows:

I release and discharge the Releasees from any and all liability and responsibility for any loss, damage, or injury of any kind that I may suffer as a result of or in connection with my participation in the Programs. This release covers any loss, damage, or injury caused by:

1. any criminal, illegal or unauthorized acts of third parties, including but not limited to any terrorist act, hijacking or sabotage;
2. any social or labor unrest;
3. any political conditions;
4. any mechanical or constructional difficulties or condition;
5. any diseases, local laws or climatic conditions,
6. any conditions, developments, actions or omissions outside of the control of the Releasees; and,
7. any other expected or unexpected conditions, developments or risks connected with travel, foreign travel, or staying in a foreign country, even if I suffer the loss of money, property, health, or life, and irrespective of who is or may be at fault, or whose negligence, including the negligence of the Releasees, many have caused my loss, injury or death.

I HAVE READ EACH AND EVERY WORD IN THIS AGREEMENT. I FULLY UNDERSTAND ALL OF THE TERMS OF THIS AGREEMENT AND THEIR SIGNIFICANCE. I VOLUNTARILY SIGN THIS RELEASE AND INDEMNITY AGREEMENT.

Name of Participant _____ Phone: Area Code (_____)Number _____

Address _____

Name of Program: Education Internship Research Assistantship Conservation

Applicant's Signature _____ Date _____

THIS IS A RELEASE AND INDEMNITY AGREEMENT

FINAL PARTICIPANT RELEASE

I, the undersigned, an applicant for admission to TAAFS Programs in Cameroon, do waive and release any and all claims against TAAFS and its agents or host institutions for any injury, accident, or damages caused by any vehicle, act of war, weather, strike, sickness, quarantine, terrorist activity, government restriction or regulation, or stemming from any act or omission of any airline,

railroad, bus hotel, taxi service, school, college, or other firm, agency (government or private), company, or individual. I also release TAAFS and its agents and agree to indemnify them with regard to any financial obligations or liabilities that I may incur personally or any damage resulting from participation in these Programs. I do waive and release all claims, demands or causes of action against TAAFS and its agents, host institutions or other facilities for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, service, hotel, restaurant, school, college, or other firm, facility, company or individual.

I understand that all travel involves some risk, and I hereby agree to assume such risk that is inherently part of foreign travel as a condition of my acceptance and participation in TAAFS Programs. I hereby waive and release any and all claims against TAAFS and its agents for any injuries, damages, or losses incurred in connection with terrorist activities, social or labor unrest, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions, or developments, or any other actions, omissions or conditions within or outside the control of TAAFS. By my participation in this program, I voluntarily assume any risks involved in such travel and presence abroad, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies offer insurance against some or many of the perils noted, and that I must opt to insure myself.

I hereby grant TAAFS and its agents full authority to take whatever actions they may consider warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize TAAFS and its agents, at their discretion, to place me at my own or my parent's, parents', or guardian's expense and without further consent, in a hospital within or without my country of residence for medical services and/or treatment, or if no hospital is readily available, to place me in the hands of a local physician for treatment, should the need arise. If deemed necessary or desirable by TAAFS or its agents, I authorize them to transport me back to my country of residence by commercial airline or other accessible conveyance, and I assume responsibility of all expenses involved. Any funds advanced to me for any purpose will be reimbursed upon demand by either myself or my parent(s) or guardian. I have been advised that I must be covered by adequate health and accident insurance, valid in and outside my country of residence during the entire period of the specific TAAFS program to which I am applying.

I agree to comply fully with the rules of TAAFS and its agents, its host institutions and/or travel companies. I agree that TAAFS has the right to enforce standards of conduct and academic integrity and that, should I fail to comply with them, TAAFS has the right to terminate my participation in the Programs with no refund of monies paid. In the event of termination, I agree to be sent home at my own or my parent's, or guardian's expense. I understand that this is an organized program of study or participation and that group standards must be observed. I will comply with the rules, standards, and instructions for participant behavior. I hereby waive and release any and all claims against TAAFS or their agents arising out of my failure to remain under such supervision or to comply with rules, standards and instructions. I agree that TAAFS and its agents have the right to terminate my participation at any time for failure to maintain standards or for any actions or conduct which TAAFS and/or any of its agents deem to be incompatible with the interest, harmony, comfort, and well being of the other participants.

I understand that TAAFS and its agents reserve the right to make changes in programs, itineraries, schedules, and academic calendar as may be required. I understand that if the program changes occur, they will not impair or weaken the goals, educational objectives or academic standards of TAAFS Programs. All reference to "parent" of the applicant shall include the legal guardian or other adult responsible for the applicant. The term "participant" refers to all individuals, students, instructors, teaching assistants, directors, field coordinators, research assistants, and long-term independent researchers engaged in TAAFS programs or residing at the Bocas del Toro Biological Station.

I have read the terms and conditions set forth in the TAAFS Information Packet for Programs conducted at the Somalomo and Bouamir Biological Research Stations, Cameroon, and I agree that these constitute a part of my agreement with TAAFS. I understand and agree to all of TAAFS's terms as set forth in the Information Packet and in this Release. I further understand that this agreement shall take force only upon my acceptance into TAAFS Programs.

Name of Applicant _____

Signature of Applicant _____ Date _____

**Please Return Completed Application to: TAAFS Programs
Old Street Bonberi
Opposite Atlantic Bank Bonaberi Douala, Cameroon**
Or send by email to: contact@tropicaladventuresafrica.com

TAAFS Application Completion Checklist

Be sure your application is complete. This will ensure there are no delays in processing. (This page is for your convenience. You don't have to send us this page when turning in your application!)

We will send you, by email, an acceptance letter, an invoice for the balance of your tuition and other useful packing and travel information when your application documents are complete and approved. Please make sure we have your current email address.

You can contact us by email: contact@tropicaladventuresafrica.com or by phone: +237 677 - 57 - 17 - 00 if you have any questions.

- Completed Application Form (including all **signatures** and health/insurance information.)
- Letter of Recommendation (or recommendation form completed by professor or advisor.)
- Student's statement of interest.
- Tuition Deposit (money order for \$100 USD made out to **TAAFS**)

TAAFS STUDENT RECOMMENDATION FORM

Applicant: Please complete the top section of the form and give it to your professor or academic advisor. **You may use this form or have your recommendation sent in the form of a letter.**

Applicant's name _____

Program: Field Course Internship Research Assistantship Conservation

Phone: Area Code (____) Number _____ Email _____

Applicant's Signature _____

Referee: The student listed above has applied to participate in an intensive field program that will be presented at the Somalomo and Bouamir Biological Research Stations, located in and around the 526000 hectares Dja Fauna Reserve in Cameroonian Congo Basin Region. Students, Research Assistants and faculty live together in a close, continuous academic and social environment which presents significant intellectual and interpersonal challenges to everyone involved. Consequently, it is important to evaluate the applicant's academic preparedness, level of maturity, interpersonal skills, and potential for success in this type of program. Please answer the following questions:

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

How would you rate the applicant academically against his/her peers?

upper 5% upper 10% upper 25% upper 40% average below average

Please provide a short but thorough letter of recommendation for the applicant which addresses the points listed above.
(write below or attach a letter).

Name _____
Academic title _____
Academic Address _____ Phone: Area Code (____) Number _____
Email _____
Signature _____ Date _____

Please forward this form to: : TAAFS Programs. Old Street Bonberi. Opposite Atlantic Bank Bonaberi Douala, Cameroon;
or send by email to contact@tropicaladventuresafrica.com

If you have any questions regarding our program please contact us at: : +237 677 - 57 – 17 – 00