



Field Methods in Rock Art Student Application Forms

Please print or type and complete this form.

Fax to 432-292-4849, or mail to

SHUMLA School, Inc.

PO Box 627

Comstock, TX 78837

For questions, please call 432-292-4848 or e-mail info@shumla.org

Personal Information

Full Name (Dr., Mrs., Ms., Miss, Mr.) _____

Address _____

City, State, Zip, Country _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Birth date _____

E-mail(s) _____

Experience

Education (last completed or in progress) _____ Occupation _____

Employer _____ Work Phone (____) _____ - _____

Please attach a Resume or Curriculum Vitae and unofficial transcript if applicable

(Optional) Please list skills, hobbies, (professional) training, or interests that apply _____

Special Certifications (i.e. CPR, Medical, etc.) _____

Will you be registering for college credit through Texas State University? (Circle) **YES** **NO**

Please note that registered students will be given priority if class is full...

Credit hours sought (Circle) 3 hrs Graduate 3 hrs Undergraduate 6 hrs Undergraduate

How did you learn about SHUMLA's Field Methods in Rock Art course (if online, which site)?

Why do you want to attend the Field Methods in Rock Art field school minimester course?

What do you expect to gain from your experiences at SHUMLA?

Please mail this completed form to: SHUMLA / PO Box 627 / 117 Sanderson Street / Comstock, TX 78837 USA

Field Methods in Rock Art Student Application Form, page 2

References

Please list references below and ask them to send a letter of reference to SHUMLA via e-mail (programs@shumla.org) or post (SHUMLA / PO Box 627 / Comstock, TX 78837 USA). SHUMLA reserves the right to contact references listed below.

Name _____ Relationship _____

Address _____ Telephone (____) ____-_____

Name _____ Relationship _____

Address _____ Telephone (____) ____-_____

Have you ever been convicted of a crime, other than minor traffic offenses? (Circle) YES NO

If YES, explain. (A conviction is not an automatic disqualification.) _____

Do you have a valid Driver's License? (Circle) YES NO State _____ DL# _____

NOTE: PARTICIPATION IN THIS COURSE REQUIRES THAT STUDENTS BE ABLE TO HIKE ACROSS RUGGED, STEEP TERRAIN IN HIGH TEMPERATURES. THE IMPORTANCE OF GOOD CONDITIONING CANNOT BE OVERSTATED. PHYSICAL CONDITIONING IS ONE OF THE MOST IMPORTANT WAYS YOU CAN HELP TO ENSURE A SAFE AND SUCCESSFUL FIELD SCHOOL EXPERIENCE. IT IS IMPERATIVE THAT YOU UNDERTAKE A CONDITIONING PROGRAM PRIOR TO YOUR TRIP AND ARRIVE IN GOOD PHYSICAL SHAPE.

I have read and understand the *Field Methods in Rock Art* Student Information Packet (separate attachment).

Signature of participant _____ Date _____

Health Information

Medical, physician and emergency contact information are solely for emergency purposes and will only be used if deemed necessary and/or in the event of a perceived medical emergency.

In order for us to make your SHUMLA experience as safe and fun as possible, please answer these general questions about you personally and any special preferences you may have. Provided responses will be kept strictly confidential.

Do you have any known **allergies** (to medications, food, insects, etc.)? If YES, explain _____

Are you routinely taking any **medication(s)**, either prescribed or over-the-counter? If YES, please list _____

Do you have any other **physical or medical conditions** you wish to make us aware of prior to coming to SHUMLA? If YES, explain _____

Physician (Name) _____ **Phone** (____) ____ - _____

Emergency Contact (Name) _____ **Emergency Phone** (____) ____ - _____

I certify that all responses made on this Application and Health Information form are true and accurate, and I will notify the SHUMLA School, Inc. hereafter of any relevant changes in my health that occur prior to the start of the program.

In the event of an emergency, illness or injury affecting (my son, daughter, ward, or myself), _____ (student's name), the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering anesthetic and performing necessary surgery.

I understand participation in this course requires hiking across rugged, steep terrain in high temperatures, and that it is imperative I be in good physical condition prior to arrival at SHUMLA. Should I fail to meet these requirements, I understand that in no way is SHUMLA or its staff responsible for my inability to participate in any or all of the field school. Additionally, I have read and understand the *Field Methods in Rock Art* Student Information Packet.

Signature of participant _____ Date _____

IN CASE OF AN EMERGENCY AT HOME, tell your friends and family to contact you at these phone numbers:

432-292-4848 SHUMLA office

432-291-3202 SHUMLA campus (usually answering machine checked in the evenings during programs)

If you are unable to reach anyone at either of these two locations and there is an emergency situation, please contact the Val Verde County Sheriff at **830-774-7513**.

Please mail this completed form to: SHUMLA / PO Box 627 / 117 Sanderson Street / Comstock, TX 78837 USA

SHUMLA School, Inc. and Texas State University Acceptance, Release, and Waiver

Student Name: _____ Program: Field Methods in Rock Art

Program Location: The SHUMLA School, Inc., Comstock, Texas Dates: May 16-June 4, 2010

I, the undersigned, have been approved to participate in the SHUMLA School, Inc. and Texas State University program to which I have applied. I do hereby accept my participation in such and understand that I am accountable for all program fees. In addition, I understand that I must adhere to all policies and to the code of ethics and conduct outlined below.

The program will combine classroom study with out-of-classroom learning in the form of assignments, projects, and field trips. I have the opportunity to gain academic credit from Texas State University through participation in the program and agree that:

I. Condition for Enrollment

A. PERSONAL CONDUCT — Staff, agents, or representatives of the SHUMLA School, Inc. and Texas State have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. Should an official representative of SHUMLA or Texas State decide that a participant must be separated from the program because of violation of stated rules, for disruptive behavior, use of illegal drugs or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. *Separation from the program will result in loss of all academic credit. Persons dismissed from the program will remain responsible for all program fees.*

B. BEHAVIORAL RESPONSIBILITY — I am aware of the expected behavioral responsibility while participating in the program. I hereby assure the SHUMLA School, Inc. and Texas State University that I will conduct myself in an appropriate manner. Behavioral responsibilities shall be applicable during the program both when in the company of other program participants and when I am physically separated from other program participants. In addition, I must adhere to all policies outlined in the Texas State University *Code of Student Conduct* and the SHUMLA *Code of Ethics and Conduct*.

1. ILLEGAL DRUG USE — The use of illegal or unauthorized drugs during the entire period of the program, including free time, is strictly prohibited. Illegal activities place not only the individual but the group and the program in jeopardy. *The consequences of illegal or unauthorized use during the program include immediate expulsion from the program, loss of all course credit and full payment of the program fees.*

2. INVOLUNTARY WITHDRAWAL — I acknowledge that expenses occasioned by my involuntary withdrawal from the program shall be the sole and exclusive financial responsibility of myself.

3. RESPONSIBILITY DURING FREE TIME — I agree to inform and gain permission from an official representative of the SHUMLA School, Inc. of any plans to leave the SHUMLA campus at any period of the program. In addition, I understand the staff, agents, or representatives of the SHUMLA School, Inc. and/or Texas State are not responsible for me should I choose to leave the campus.

C. ACADEMIC RESPONSIBILITIES — I agree to the following policies and procedures:

1. CLASS ATTENDANCE — Students enrolled in the program are required to attend all scheduled activities and field trips.

2. COURSE REGISTRATION

a) All the deadlines specified by the Academic Program Director must be met.

b) All participants must attend all the information meetings. If the student will not be able to attend, s/he will be responsible for obtaining the information provided in the meeting and will be responsible

Please mail this completed form to: SHUMLA / PO Box 627 / 117 Sanderson Street / Comstock, TX 78837 USA

**SHUMLA School, Inc. and Texas State University
Acceptance, Release, and Waiver (continued)**

for any forthcoming problems derived by this situation.

- c) The students will be responsible to turn in all the required documents on time. SHUMLA School, Inc. and Texas State will not be responsible for any problem or complication due to incomplete applications.
- d) The student must keep constant communication with the Academic Program Director to be updated with any information related to the program.

D. MEDICAL RESPONSIBILITY — I acknowledge that there are certain risks inherent in this program and that SHUMLA School, Inc. and Texas State University cannot assume responsibility for the provision of medical services to its students or the payment thereof. I agree to consult with a medical doctor in regards to medical issues or needs I may have. Further, I am aware that the SHUMLA School, Inc. and Texas State University cannot be responsible for attending to any of my medical needs.

I am aware that, should I be required to be hospitalized during the program, the SHUMLA School, Inc. and Texas State University cannot and do not assume legal responsibility for payment of such costs; rather, I assume all risks and responsibilities therefore and that I have adequate insurance to meet any and all needs for payment of hospital costs during the program.

I understand that I am required to have adequate health, accident, disability and hospitalization insurance to cover myself during participation in the program. I recognize that SHUMLA School, Inc. and Texas State University has no obligation to provide any form of insurance and that it is my responsibility to make sure that my policy be in effect for the entire period of the program.

E. CONSENT TO EMERGENCY MEDICAL TREATMENT — While participating in the program, I acknowledge that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization or surgery. I have fully described any physical or psychological problems I may have on the SHUMLA School, Inc. Health Information form. In the event of illness or injury to me, I authorize any official representative of SHUMLA School, Inc. or Texas State University to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

F. GENERAL RELEASE AND LIABILITY WAIVER — I release the Board of regents, Texas State University System, Texas State University-San Marcos, the SHUMLA School, Inc., and their regents, board of directors, employees and agents from all claims: (1) for my personal injuries, including death; (2) for damage to my property; (3) arising from transportation services or living accommodation; and (4) arising from weather or illness.

I further acknowledge that have read, understood, and signed the SHUMLA School, Inc. *Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement*.

G. INDEMNIFICATION — I shall indemnify and hold harmless the Board of Regents, Texas State University System, Texas State University-San Marcos, the SHUMLA School, Inc., and their regents, employees and agents from any and all claims, demands, and causes of action and all expenses incidental thereto (including reasonable attorney fees), based upon or arising out of any personal injury (including death), property damage or loss caused by or resulting from my acts or omissions during enrollment in any Texas State University program.

I further acknowledge that have read, understood, and signed the SHUMLA School, Inc. *Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement*.

I understand and accept each of the above conditions.	
Signature of Participant _____	Date _____
Name (please print) _____	

SHUMLA Release and Waiver of Liability, Assumption of Risk, & Indemnity Agreement

In consideration of the SHUMLA School, Inc. (as defined below) accepting my application for and permitting me to participate in the activities, events, classes and curriculum of the SHUMLA School, Inc. (the "SHUMLA School, Inc. Program") on lands owned or used by the SHUMLA School, Inc. or elsewhere (including, without limitation, the SHUMLA School, Inc. campus and surrounding areas ["the SHUMLA School, Inc."]), the following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement ("SHUMLA School, Inc. Participation Waiver") are entered into by me with and for the benefit of **The SHUMLA School, Inc.**, a Texas nonprofit corporation and its **Personnel** (as defined below).

I waive any and all claims that I have or may in the future have against, and release from all liability and agree not to sue and hereby indemnify and hold harmless the SHUMLA School, Inc. and/or any of its directors, officers, employees, servants, instructors, guides, teachers, facilities maintenance personnel, agents, representatives and affiliates, including, without limitation, Jack Harrington and Katherine Harrington, and all of their respective heirs, administrators, successors and assigns (collectively, the "Personnel") for any personal injury, death, property damage or other loss (financial or otherwise) that I sustain during or as a result of any SHUMLA School, Inc. Program due to any cause whatsoever on the part of any one or more of SHUMLA School, Inc., the Personnel, or others (including, without limitation, myself), including:

- (a) **negligence (the meaning of which includes failure to use such care as a reasonably prudent and careful person would use under similar circumstances and failure to meet standards of care);**
- (b) **breach of any other duty imposed by law, including any duty imposed by occupiers liability or other legislation;**
- (c) **breach of any contract; and**
- (d) **mistakes or errors in judgment of any kind.**

I am aware of the risks inherent in walking, hiking, driving, camping, living in, working in, studying in, exploring, and otherwise engaging in activities in a rural and desolate environment, and I am aware that participating in the SHUMLA School, Inc. Program has certain additional dangers and risks, including, without limitations:

RUGGED TERRAIN: I am aware that the rugged terrain which surrounds and on which the School is located and from which the SHUMLA School, Inc. Program is conducted has many other dangerous obstacles and hazards including crevasses, canyons, gulleys, ditches, ravines, rock outcroppings, cornices, cliffs, fallen trees and tree stumps, creeks and boulders and also man-made hazards such as dirt roads, road banks and fences; that these hazards may be hidden by brush, vegetation, or debris; and that if I become injured or lost in severe weather conditions or difficult terrain there is a risk of delay in being rescued.

TRAVEL: I am aware of the risk of mechanical failure or operational error including driver error in the operation of cars, vans, buses that may be used at the SHUMLA School, Inc. and/or as part of the SHUMLA School, Inc. Program and that there are increased risks of travel in rugged areas, especially in severe weather conditions. I am also aware of the existence of unprotected railroad crossings over which I must pass in order to access the SHUMLA School, Inc. and of the danger inherent in making such crossing(s) regardless of the time of day and weather conditions.

WEATHER: I am aware that weather conditions may be extreme and can change rapidly without warning. The SHUMLA School, Inc. is located in a remote region that is subject to extreme high and low seasonal temperatures as well as unpredictable, and potentially dangerous and severe weather systems and conditions, including, but not limited to, rainstorms, thunderstorms, hailstorms, dust storms, flashfloods, and wildfires.

WILDLIFE: I am aware that the remote area in which the SHUMLA School, Inc. is located and the SHUMLA School, Inc. Program is conducted contains wild animals and insects, including mountain lions, venomous snakes, poisonous insects, and other poisonous fauna and flora. I am further aware that the behavior of such wildlife is unpredictable and that I may be bitten, stung, gored, mauled, trampled, attacked or otherwise suffer a potentially lethal injury or loss with or without provocation while participating in the SHUMLA School, Inc. Program. I am further aware that because of the remote location of the SHUMLA School, Inc., emergency medical attention may not be available and that I am solely responsible for maintaining an adequate supply of medication on my person to treat any and all allergic reactions I may have to insect bites and stings or the touching of certain plant life.

Please mail this completed form to: SHUMLA / PO Box 627 / 117 Sanderson Street / Comstock, TX 78837 USA

SHUMLA Release and Waiver of Liability, Assumption of Risk, & Indemnity Agreement (continued)

I assume and accept all the risks and dangers of participating in the SHUMLA School, Inc. Program and the possibility of personal injury, death, property damage or other loss as a result, whether due to the risks described above, any other risk, my health or otherwise. I agree that, although the SHUMLA School, Inc. and the Personnel may take precautions to reduce the risks and increase the safety of participating in the SHUMLA School, Inc. Program and to determine whether a particular path is safe from certain of the risks described above before it is traversed, it is not possible for SHUMLA School, Inc. or the Personnel to make participating in the SHUMLA School, Inc. Program completely safe or to predict with complete assurance whether the terrain to be negotiated is safe from any of the risks described above. I willingly accept these risks and agree to the terms of this SHUMLA School, Inc. Participation Waiver even if SHUMLA School, Inc. or any of the Personnel are found in law to be negligent or in breach of a duty of care or any other obligation to me in their conduct of the SHUMLA School, Inc. Program.

In the event of an emergency while participating in the SHUMLA School, Inc. Program at the SHUMLA School, Inc. campus or otherwise, I hereby expressly: (i) grant permission to the physician and/or treatment facility selected by the Personnel to secure and administer treatment, including hospitalization, and (ii) release, hold harmless, and indemnify the Personnel from and against any and all losses, injuries, and/or damages suffered by me as a result of such treatment.

In signing this SHUMLA School, Inc. Participation Waiver, I am not relying on any oral, written or visual statements of any kind, including promotional statements made by SHUMLA School, Inc. in their brochures or any other materials prepared by or published by the SHUMLA School, Inc. or by any of the Personnel to induce me to participate in the SHUMLA School, Inc. Program.

I confirm that I am of the full age of eighteen (18) years, that I have had sufficient time to read and understand what I am agreeing to in this SHUMLA School, Inc. Participation Waiver before signing it and that it will be binding upon my heirs, next of kin, executors, administrators and successors.

I agree that this SHUMLA School, Inc. Participation Waiver and the agreements it contains will be governed exclusively in all respects by and interpreted solely in accordance with the laws of the State of Texas. I hereby irrevocably submit to the exclusive jurisdiction of the courts of the State of Texas and I agree that no other courts can exercise jurisdiction over the agreements and claims referred to herein. Any litigation to enforce this agreement shall be instituted in the State of Texas and nowhere else.

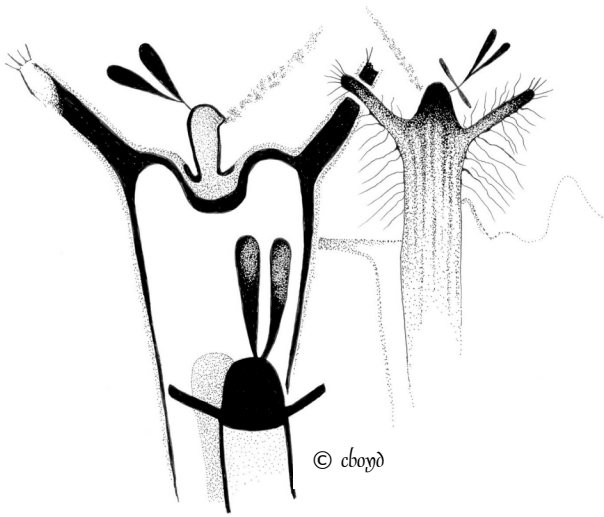
I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against SHUMLA School, Inc. or its Personnel, I hereby indemnify save and hold harmless SHUMLA School, Inc. and its Personnel from any litigation's expenses, attorneys' fees, loss, liability, damage, or cost which is incurred by SHUMLA School, Inc. or its Personnel as a result of such claim.

Signed this _____ day of _____, 2010.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Rock Art Site Etiquette



Rock art is a precious, non-renewable cultural resource; if the rock art is damaged or destroyed, it is lost forever. Causes of rock art deterioration can be divided into two categories: natural and human. Although rock art deterioration resulting from natural causes, such as wind, rain, and animal activity may be unavoidable, deterioration from human actions is completely avoidable. Unfortunately, rock art sites suffer the greatest damage from human actions, both deliberate and unintentional.

By following a few simple guidelines, you can help ensure that these images remain unharmed for future generations to learn from and to enjoy.

- Make sure that you are welcome. Never enter private property without landowner's permission.
- Avoid touching the art. The fats and oils on your hands and other parts of your body hasten the decay of the art and contaminate it for any dating or chemical analysis.
- Treat the images on stone with the same respect that you would give to a valuable museum artifact or a sacred object.
- No matter how tempting, never throw water or any other liquid over the images. Not only is this illegal, but the practice rapidly destroys the art.
- Never apply any liquid or dry substance to the rock art. The use of chalk, charcoal, and other such materials to outline or enhance the images for "better" photographs or "easier" documentation permanently damages the art. Once applied, it is impossible to safely remove these materials from the rock surface.
- Avoid stirring up dust from the shelter floor. This dust settles on the art and bonds with other substances on the wall to form an opaque crust over the paintings.
- Never remove lichen, nests, plants, paint, or any other material from the rock art panel. There are rock art conservators trained to do this kind of work. Removal by an untrained person can result in significant damage to the rock art.
- Never remove any stone tool or other archeological artifact from rock art sites. You may think that no one will miss a single artifact, but if many people do the same, the site will be destroyed.
- Follow the wilderness motto of "Leave nothing but your footsteps behind".
- Take only photographs. Tracings and rubbings damage the art unless you have undergone the necessary training at one of the rock art institutes.
- If you see other people damaging the rock art, intervene. If they persist, then inform the nearest legal authority.

Modified from "Fragile Heritage: A Rock Art Field Guide" by David Lewis-Williams and Geoffrey Blundell (1998); "Caring for Rock Art: Conservation and Preservation" by Claire Dean (1997); and "Guidelines for Guiding Visitors to Rock Art Sites" American Rock Art Research Association.



SHUMLA Code of Ethics

IMPORTANT, PLEASE READ BEFORE SIGNING

SHUMLA School, Inc. is dedicated to the ethical pursuit of education and research, using the human and natural resources of the Lower Pecos River region of Texas.

The SHUMLA Code of Ethics and Conduct is promulgated to insure that every person associated with the SHUMLA School, Inc., including the Board of Directors, permanent and part-time staff, and volunteers shall adhere to highest standards demanded of professionals in the fields of archaeology, rock art research and education. The SHUMLA Code of Ethics was approved the 25th day of March 2006 by the SHUMLA School, Inc. Board of Directors.

1. No person associated with the SHUMLA School, Inc. shall intentionally violate the terms and conditions of any Texas antiquities statutes (see Texas Natural Resources Code, Title 9, Chapter 191), as now exist, or shall hereafter be amended or enacted, or engage in the practice of buying or selling artifacts for commercial purposes or engage in the willful destruction or distortion of archaeological data or disregard proper archaeological field techniques. In addition they shall discourage all activities that result in loss of scientific knowledge including irresponsible excavation, collecting, hoarding, exchanging, buying, or selling archaeological materials.
2. No person associated with the SHUMLA School, Inc. shall violate any provision of the Code of Ethics promulgated by the American Rock Art Research Association. <http://www.arara.org/Ethics.html>

The American Rock Art Research Association subscribes to the following Code of Ethics and enjoins its members, as a condition of membership, to abide by the standards of conduct stated herein.

- All local, state, and national antiquities laws will be strictly adhered to by the membership of ARARA. Rock art research shall be subject to appropriate regulations and property access requirements.
- All rock art recording shall be nondestructive with regard to the rock art itself and the associated archaeological remains which may be present. No artifacts shall be collected unless the work is done as part of a legally constituted program of archaeological survey or excavation.
- No excavation shall be conducted unless the work is one as part of a legally constituted excavation project. Removal of soil shall not be undertaken for the sole purpose of exposing subsurface rock art.
- Potentially destructive recording and research procedures shall be undertaken only after careful consideration of any potential damage to the rock art site.
- Using the name of the American Rock Art Research Association, the initials of ARARA, and/or the logos adopted by the Association and the identification of an individual as a member of ARARA are allowed only in conjunction with rock art projects undertaken in full accordance with accepted professional archeological standards. The name ARARA may not be used for commercial purposes. While members may use their affiliation with ARARA for identification purposes, research projects may not be represented as having the sponsorship of ARARA without express approval of the Executive Committee.

Persons violating this Code of Ethics and Conduct are subject to removal from any association with SHUMLA School, Inc. in accordance with procedures set forth in the SHUMLA School, Inc. Bylaws.

If the foregoing terms are acceptable to you, please indicate by signing and returning this agreement with the rest of your application. Your signature also signifies your acceptance of the Rock Art Site Etiquette required of you as presented above.

Make sure you retain a copy of the signed agreement for your own records.

Participant's Signature _____ **Date** _____

Printed Name _____

Please mail this completed form to: SHUMLA / PO Box 627 / 117 Sanderson Street / Comstock, TX 78837 USA

TEXAS STATE UNIVERSITY AND SHUMLA SCHOOL, INC.
FIELD METHODS IN ROCK ART
MAY 16–June 4, 2010

INSURANCE COVERAGE CERTIFICATION

I hereby certify that I am covered by health insurance that provides coverage I have determined to be adequate and satisfactory for injury or illness that might befall me while I am participating in a SHUMLA School, Inc. or Texas State University program. I acknowledge that neither SHUMLA School, Inc. nor Texas State University has made any representations to me concerning the adequacy of my health insurance. I further acknowledge that it is my sole responsibility to determine that my health insurance coverage is adequate for my needs.

Print Name _____

Signature _____

Date _____

Insurance Company _____

Policy Number _____

PLEASE ATTACH PROOF OF INSURANCE