

Tropical Ecology and Sustainability Studies on Montserrat

PROGRAM INFORMATION

Sunday, January 12 – Sunday, March 8, 2025

Curriculum

This is a two part program, with the core program being an 8 week intensive in Montserrat. This eight week course in sustainability and tropical ecology includes four courses - Natural History of Montserrat, Geology and Volcanology, Marine Conservation, and Food Sheds of Montserrat. Enrolled students are required to take all four courses. After the core program is complete, students who wish to continue their studies at Simon's Rock in the second half of the semester are encouraged to do so. The information below, including fees, is for the core program in Montserrat only.

Applying

Eligibility requirements:

- Students who are current and continuing Simon's Rock or Bard students, or visiting students with a faculty sponsor from their home institution
- At least rising sophomore at the time of application
- Good academic, social and financial standing

By October 15th 2024, submit: Statement of Interest Form 2025
Trip Contract 2025
Acknowledgement & Release Form

All participating students will receive credit through Simon's Rock and students from Bard College or outside institutions will need to transfer the credits to their own institution.

Visiting Students

Visiting students must complete the Simon's Rock Visiting Student form in order to enroll in the program and receive credit. There are no additional costs for the academic credits beyond the program cost.

To then transfer the credits to your own college, you will need to complete the Simon's Rock Transcript Request Form. When the course is complete, the Registrar's Office will send an official transcript to your college so that the credits are transferred to your academic record.

Program Costs:

The program cost is \$22,500 which includes 11 academic credits (issued by Simon's Rock), room and board in Montserrat, transportation from Simon's Rock campus to the airport, and all required activities. Airfare from JFK-Antigua-Montserrat is not included but typically costs around \$1,000 RT. The program fee for BCSR students is part of their regular tuition and regular payment schedule.

Students and their families are responsible for the following costs that are outside the above:

- Transportation costs to Simon's Rock campus or the departing airport
- Round trip airfare between JFK-ANU-MNI or other departure airport
- Transportation costs upon return, if not using the provided transportation to return to Simon's Rock
- Acquiring a current passport and all related fees

(continued next page)

- We recommend that students also purchase their own mask, snorkel, and fins (limited equipment is

available to borrow from Simon's Rock)

- Spending money while on Montserrat (\$300-\$500 has been sufficient in the past)
- Vaccinations

Fee Schedule for visiting students (to be charged to student accounts on this schedule):

- November 1, 2024: A deposit of \$5,000
- January 1, 2025: balance of \$17,500

Scholarships

There is a limited amount of financial assistance available for students with demonstrated high need. The application for these scholarships is October 15th 2024.

Refund Schedule:

- Withdrawal prior to Dec 1st 2024 = 100% refund of program cost paid to date less a nonrefundable administrative fee of \$500
- Withdrawal on or after December 1st = no refund

Notice of Cancellation

In order to run, the program must have sufficient enrollment. The Program Director and Dean of Academic Affairs retain the right to cancel the program if there is insufficient enrollment. In the event of cancellation, a full refund will be given.

Vaccines & Medical Information

Once you are confirmed to participate in the program, you will be asked to disclose any medical conditions that are relevant for the program leaders to ensure your and the group's safety while abroad.

Vaccines

<http://wwwnc.cdc.gov/travel/destinations/traveler/none/montserrat>

The Center for Disease Control currently recommends travelers have the Hepatitis A and Typhoid vaccines so we are requiring these shots for this program. In addition, we require all participants to have a current tetanus shot.

Send proof of these vaccines to:

Bard College at Simon's Rock
Wellness Center, ATTN: Montserrat Program
84 Alford Road, Great Barrington, MA 01230
fax: 413-528-7358

**Montserrat Program
Tropical Ecology & Sustainability Studies
Statement of Interest Form 2025**

Application Statement

Complete this form and attach a typed 1-2 paragraph statement describing how this program fits in with your current or planned area of study.

Program Forms: Statement of Interest Form 2025
 Trip Contract 2025
 Acknowledgement & Release Form

Submit the application statement and the completed program forms to the Office of Academic Affairs by **October 15th, 2024**. Incomplete submissions will not be accepted. You will be notified of your acceptance to the program. A deposit of \$5000 will be charged to your student account on November 1, 2024.

Student Name: _____

College: Simon's Rock Bard College other: _____

Circle one: 2nd semester First-Year Sophomore Junior 1st semester Senior

Cell Phone: _____ Email: _____

Last 4 digits of your Social Security Number: XXXX-XX-__ __ __ __ (leave blank if you don't have a SSN)

Concentration/major: _____

Advisor/Faculty Sponsor Name: _____

Advisor/Faculty Sponsor email: _____ phone: _____

Government Issued ID:

Passport # & Country: _____ Issue. Date: _____ Exp. Date: _____

(passport must not expire within six months of return date)

Name as it appears on your passport (provide **exact** match as this is necessary when purchasing airline tickets): _____

Gender as it appears on your passport (required for airline tickets): _____

Date of birth: _____

Parent/Guardian Information

1. Name: _____

Email: _____ phone: _____

2. Name: _____

Email: _____ phone: _____

Emergency Contact Information

Same as above Parent/Guardian

If other, specify: Name: _____

Email: _____ phone: _____

MONTERRAT PROGRAM CONTRACT

This contract will serve as the agreement between you and Bard College at Simon's Rock ("the College") that you acknowledge the specifics of the trip as outlined in the attached pages, and that you agree to uphold the College standards of conduct as outlined in the Student Handbook 2024-2025 at the college.

Please review the attached program information, complete the information requested on this form, then sign and return this form, along with the Statement of Interest Form, and Acknowledgement & Release Form to the Office of Academic Affairs by October 15, 2024.

Swimming & Snorkeling

The curriculum involves spending many hours in the ocean, either standing and walking in the surf or snorkeling on the reefs. It is expected that you will bring good fitting snorkel equipment. There is a limited amount of equipment available to borrow.

Please rate your current abilities:

Swimming: beginner intermediate advanced

Snorkeling: beginner intermediate advanced

While there is no expectation of students being scuba-certified and this is not part of the program curriculum, there may be an opportunity for a recreational outing if enough people are experienced and interested. Are you scuba-certified? Circle one: Yes / No

If yes, please describe your experience _____

Dietary Information

Access to the kinds of foods you may be used to eating can be difficult on a small island. Be prepared for limited variety. Please indicate your diet preference:

Vegetarian Vegan Gluten-free Lactose-intolerant

Please provide any other additional details: _____

Statement of expulsion: Students are required to maintain good social standing through the Spring 2025 semester and through the duration of the program. If the program leaders judge that it is necessary for a student to be dismissed from the program due to behavior that is incompatible with the safety and success of the program, the student will be sent home unattended at the family's expense and with no refund of program fees (the student's account will be billed).

Please sign below indicating that you understand and agree to the above. The Parent/Guardian signature is required, regardless of the student's age, unless the student is fully responsible for the student account.

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGMENT AND RELEASE

The Bard College at Simon’s Rock program on the island of Montserrat (“the Program”) includes a variety of activities including ground, air, and water transportation; exploring urban and rural areas; trekking; and staying in various types of accommodations. Before a student may participate in this trip, the following form must be completed by the student and by the parent or legal guardian of any student who is under the age of 18.

I, _____, acknowledge that I have voluntarily elected to participate in the Bard College at Simon’s Rock Program in Montserrat from January 12th through March 9th, 2025, and I further acknowledge that I have been provided with information about the Program and that I have read and understood such information. I agree to follow all College Policies as outlined in the 2024-2025 Student Handbook.

I acknowledge that travel with this Program and participation in all aspects of the activities can involve the risk of injury and illness to myself or damage to my property. I understand that, due to the nature of international travel, such risks cannot be completely eliminated. I voluntarily accept all risk of personal injury, illness, death and damage that my property may incur resulting from my participation in this Program. In consideration of being permitted to participate in the Program I, on behalf of my family, heirs and personal representative(s), agree to assume all the risks and responsibilities of my participation in the Program, including transportation and any activities incident thereto, and I hereby release, waive, discharge, hold harmless and covenant not to sue Bard College, Bard College at Simon’s Rock, their trustees, officers, agents, employees, contractors (collectively “Releasees”), with respect to any and all liability for any harm, injury, damage, cost, or expense of any nature whatsoever, including but not limited to, suffering and death, or any damage that my property may incur, whether caused by the contributory negligence of the College or carelessness of the Releasees or otherwise, while participating in, or in transit to or from, the Program or any activities associated with the Program.

I understand that this Release is for the benefit of Bard College and Bard College at Simon’s Rock and their affiliates, subsidiaries, agents, employees, and related entities only. Third parties, such as common carriers, hotels, or travel agencies are not released from liability for their acts.

This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts. I

HAVE CAREFULLY READ THIS RELEASE, AND I FULLY UNDERSTAND ITS CONTENTS.

STUDENT/PARTICIPANT:

[Printed Name] [Signature] [Date]

SIGNATURE OF PARENT OR GUARDIAN: (for all students under the age of 18 as of January 12, 2025)

[Printed Name] [Signature] [Date]

MONTSERRAT PROGRAM HEALTH HISTORY

Health Form Instructions

Every participant (student or non-student) is required to complete the Health Forms. Please be advised that leaving anything blank on these forms may delay your clearance to participate in the program.

About the Program: The Bard College at Simon's Rock's 8-week program, Tropical Ecology and Sustainability Studies, takes place on the Caribbean island of Montserrat. The program involves a great deal of physical activity including hiking over steep and uneven terrain and standing/snorkeling along the coast's rocky and sandy beaches. Montserrat has a small medical clinic but serious situations are evacuated to the nearby island of Antigua (30-minute plane ride), which has a full-service hospital. For these reasons, each participant is asked to carefully consider their general fitness and physical and mental health in relation to the program.

CHANGE OF STATUS: You are responsible for notifying Bard College at Simon's Rock immediately of any changes in your health history prior to your departure or while on the program.

Please mail or fax completed forms to:

Bard College at Simon's Rock
ATTN: Montserrat Program
Wellness Center
84 Alford Road
Great Barrington, MA 01230
Fax: 413-528-7358

DUE by October 15th, 2024

Health Records and Emergency Medical Treatment Authorization

Name _____ Date of Birth _____
Telephone _____ Email _____

Emergency Contact Information

Person to contact in an emergency _____
Address _____
Telephone _____ Email _____
Relationship to participant _____

Authorization to Release Health Records and Permission for Emergency Medical Treatment

Please complete and sign the following:

As a participant in the Bard College at Simon's Rock Tropical Studies Program in Montserrat, I, [print name legibly] _____, hereby authorize the Campus Physician at Bard College at Simon's Rock, together with any other physician or medical provider who has provided information to Bard College at Simon's Rock in connection with my participation in the Program, to release any or all health records or information pertaining to me to Bard College at Simon's Rock as necessary for my health and safety.

On rare occasions, an emergency requiring treatment in a hospital and/or surgery may develop. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be done without consent of the patient. In order to prevent a dangerous delay in an emergency situation where Bard College at Simon's Rock is either unable to contact my parent or guardian, or if I am unconscious or otherwise unable to give you my consent, I hereby authorize Bard College at Simon's Rock's representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery.

I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information, including notification to Bard College at Simon's Rock of changes in my health affecting the accuracy or completeness of the information contained in this form, may result in my dismissal from the program. I agree to notify Bard College at Simon's Rock of any material changes in my health that occur prior to the start of the program or while on the program.

Student/Participant Signature: _____ Date: _____

If participant is a student, the parent/guardian signature is also required:

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Personal Health History

Please complete the following, adding additional paper if necessary. Do not leave any question blank.

A. Have you consulted or been treated by clinics, physicians, or other practitioners within the past two years (other than routine check-ups)? If yes, give details. Yes No

B. Have you ever been hospitalized or had a serious acute illness? If yes, give diagnosis and date. Yes No

C. Do you have a chronic medical condition or recurrent illness? Any permanent injury or physical disability? If yes, give details. Yes No

D. Have you had any allergic reaction to past immunizations, prescription, or over-the-counter medicines? If yes, give details. Yes No

E. Do you have a history of asthma or other respiratory ailment? If yes, give details. Yes No

F. Are you currently taking any medications (including antigen/immunotherapy allergy injections)? If yes, list and give details. Yes No

G. Do you have any health requirements or dietary restrictions? If yes, explain. Yes No

H. In the last two years, have you consulted or been treated by a psychiatrist, drug/alcohol counselor, or other mental health professional for any serious mental, emotional or psychological conditions including eating disorders and substance abuse? If yes, give details. Yes No

Please check if you have had:

Allergy (please specify) Eye problems Immune System problems Stomach ulcer Hay fever Hearing loss Heart problems Impaired use of Bees/wasps Anemia Back problems any limbs Pet/animal dander Bleeding/clotting Painful swollen joints Recurrent dizziness Foods _____ Bladder/kidney problems Diabetes Severe headaches Other _____ Cancer or leukemia Chronic indigestion, diarrhea Other

Comment below on any condition(s) that you have checked above: _____

I certify that the information above is accurate and complete:

Student/Participant Signature: _____ Date: _____ **If**

participant is a current student, the parent/guardian signature is also required:

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Immunizations

The Centers for Disease Control and Prevention (cdc.gov) recommends that travelers be up-to-date on routine vaccinations and be current with Typhoid and Hepatitis A vaccines. Bard College at Simon's Rock recommends that all participants going on the Montserrat program follow the CDC recommendations.

Immunizations can be administered at the Wellness Center at Bard College at Simon's Rock for students with medical records already on file; call the Wellness Center to make an appointment. All other Program participants should make arrangements for these vaccinations with their health care provider or a travel clinic.

Let us know the status of these three immunizations and whether you plan to receive them prior to traveling to Montserrat. We ask that immunizations be complete by the end of Spring Break in March.

Please indicate which of these immunizations are current or your plans to receive the immunizations:

Tetanus Date:

Typhoid Date:

Hepatitis A Date:

I have scheduled an appointment to receive these immunizations:

At home with my primary care provider (when you call to schedule an appointment, be sure to let them know which immunizations you need so that they have them in stock before your appointment).

At the Wellness Center on campus (call 528-7353 to schedule an appointment).

I am electing not to receive these immunizations.

A variety of health risks are present on Montserrat. Please read the health advisory available on the Centers for Disease Control and Prevention website: [Montserrat \(U.K.\) - Traveler view | Travelers' Health | CDC](#)

I certify that the information above is accurate and complete:

Student/Participant Signature: _____ Date: _____ **if**

participant is a current student, the parent/guardian signature is also required:

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____