Tropical Ecology and Sustainability Studies on Montserrat

PROGRAM INFORMATION
December 22, 2016 - January 19, 2017

Curriculum
A four-credit course in sustainability and tropical ecology is embedded in this study abroad opportunity. The course consists of various modules in tropical ecology and sustainability (e.g., botany, fisheries, biogeography, ecotourism) and community service projects.

Simon’s Rock students are required to take the Study Away Preparation course (LR 202m) during the Fall semester before the program and the Study Away Reflection course (LR 203m) during the Spring semester following the program.

Applying
Students who attend Simon’s Rock, Bard College, or Marist College and who are at least a sophomore and in good academic and social standing are eligible to apply and to attend:

By September 2, 2016, submit:  Deposit ($500)
Statement of Interest Form 2017
Trip Contract 2017
Acknowledgement & Release Form

All participating students will receive credit through Simon’s Rock and students from Bard College or Marist College will need to transfer the credits to their own institution (for more details, see Visiting Students below).

Visiting Students
Students who participate from Bard College or Marist College 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 trip cost is $4,750 per student, which includes four academic credits (issued by Simon’s Rock), room and board in Montserrat, round-trip flight from a NYC area airport to Antigua, round-trip transportation from Antigua to Montserrat, round-trip transportation from Simon’s Rock campus to the airport, and all required activities.

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

- Departure: Transportation costs to Simon’s Rock campus or the departing airport
- Return: Transportation costs upon return, if not using the provided transportation to return to Simon’s Rock
- Acquiring a current passport and all related fees
• Spending money while on Montserrat ($100 has been sufficient in the past)
• Vaccinations

Fee Schedule:
• September 2: A nonrefundable deposit of $500 is due
• October 3: A payment of $2250 is due
• November 1: Final payment of $2000 is due

Make checks payable to Bard College at Simon’s Rock, write “Montserrat” on memo line. The checks must be sent to:

Bard College at Simon’s Rock
Office of Academic Affairs, ATTN: Karen Advokaat
84 Alford Road
Great Barrington, MA 01230

If you wish to make a payment by credit card, please call Karen Advokaat at 413-528-7247.

Scholarships
There are a limited number of Rodney Christopher scholarships available for Simon’s Rock students with demonstrated high need. The application for these scholarships is November 1st. If you are applying for a scholarship, the final payment will be due after the scholarships are awarded.

Refund Schedule:
• Withdrawal prior to October 31 = 100% refund of program cost paid to date less the nonrefundable deposit of $500
• Withdrawal on or after November 1 = 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
The Center for Disease Control currently recommend 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: Sharon Hartunian
84 Alford Road
Great Barrington, MA 01230
fax: 413-528-7358
Montserrat Program
Tropical Ecology & Sustainability Studies
Statement of Interest Form 2017

To Apply: Complete these forms:
Statement of Interest Form 2017
Trip Contract 2017
Acknowledgement & Release Form

And submit with a deposit check (made payable to Bard College at Simon’s Rock) to the Office of Academic Affairs by September 2, 2016. Incomplete submissions will not be accepted.

Mailing address: Attn: Karen Advokaat, Bard College at Simon’s Rock, 84 Alford Road, Great Barrington, MA 01230

Student Name: ______________________________________________________
College: Simon’s Rock  Bard College  Marist College
Passport #: ___________________________________________  Exp. Date: ________
Date of birth: ______________________________________________________
Cell Phone: ___________________________  Email: ______________________________
Circle one: Sophomore  Junior  Senior
Indicate your concentration/major: _______________________________________
Advisor Name: ______________________________________________________
Advisor’s email: ______________________________________________________

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: _____________________________________________________________

Application Statement
Attach a typed 1-2 paragraph statement describing how this program fits in with your current or planned area of study.
MONTSESRAT 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 2016-2017 at the college you attend (Simon’s Rock, Bard College, or Marist College).

Please review the attached program information, complete the information requested on this form, then sign and return the form with the deposit, Statement of Interest Form, and Acknowledgement & Release Form to the Office of Academic Affairs by September 2, 2016.

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. If you don’t have this equipment currently, speak with program director Tom Coote to organize buying it.

Please rate your current abilities:

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<th>beginner</th>
<th>intermediate</th>
<th>advanced</th>
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<tbody>
<tr>
<td>Swimming:</td>
<td></td>
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<tr>
<td>Snorkeling:</td>
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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:

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<tr>
<td>Vegetarian</td>
<td>Vegan</td>
<td>Gluten-free</td>
<td>Lactose-intolerant</td>
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Please provide any other additional details:

________________________________

Statement of expulsion: Students are required to maintain good social standing through the Fall 2016 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 intersession 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 during Intersession 2017 (December 22, 2016-January 19, 2017), 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 2016-2017 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 September 2, 2016)

[Printed Name] __________________________ [Signature] __________________________ [Date] ____________
MONTSERRAT PROGRAM HEALTH HISTORY

Health Form Instructions

The guidelines below will assist you in completing your health form and making a medical appointment. Please be advised that leaving anything blank on your health form may delay your clearance to participate in the program.

Please be sure to make a copy of the completed health form for your own records.

Please mail or fax completed forms to: Bard College at Simon’s Rock, ATTN: Sharon Hartunian, Director of the Wellness Center, 84 Alford Road, Great Barrington, MA 01230 | Fax: 413-528-7358

Include a copy of your health insurance card.

DUE BY OCTOBER 31, 2016

All participants are required to have current vaccinations for: Hepatitis A, Typhoid, and Tetanus. These 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 the health care provider who completes Part II of this form.

PART I – Authorization and Personal Health History (pages 1-2)

• Part I is required by all participants, faculty, staff, and guests of the program.
• To be filled out by the student/participant. Answer all questions in this section.
• Please keep a copy of Part I for yourself and, if necessary, take it to the physician or medical professional who completes Part II.

PART II – Health Report and Examination (page 3)

• Part II is required for any participant in the Program who does not already have current medical records on file at the Wellness Center at Bard College at Simon’s Rock.
• To be completed and signed by your physician, or health professional (nurse practitioner or physician’s assistant).
• When making your appointment, be sure to schedule the required vaccines on the same day:
  - Hepatitis A
  - Typhoid
  - Tetanus

Return completed forms along with a copy of your health insurance card to:
Sharon Hartunian, Director of the Wellness Center
Bard College at Simon’s Rock
84 Alford Road
Great Barrington, MA 01230
Fax: 413-528-7358

Please note: We do not accept reports completed by a physician who is related to you.

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.
MONTSERRAT PROGRAM HEALTH HISTORY
PART I: Authorization and Personal Health History

Name __________________________________________ Gender ______ Date of Birth __________
Telephone ___________________________ Email ____________________________

Emergency Contact Information
Person to contact in an emergency __________________________________________
Address __________________________________________
Telephone ___________________________ Email ____________________________
Relationship to applicant __________________________________________

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 physician or other medical provider completing Part II of this Health Form, 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. I also authorize the release by Bard College at Simon’s Rock of my health records or other medical information pertaining to me to my parent or other designated contact person in the event of an emergency.

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: __________________________
PART I: Authorization and Personal Health History (continued)

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.

B. Have you ever been hospitalized or had a serious acute illness? If yes, give diagnosis and date.

C. Do you have a chronic medical condition or recurrent illness? Any permanent injury or physical disability? If yes, give details.

D. Have you had any allergic reaction to past immunizations, prescription, or over-the-counter medicines? If yes, give details.

E. Do you have a history of asthma or other respiratory ailment? If yes, give details.

F. Are you currently taking any medications (including antigen/immunotherapy allergy injections)? If yes, list and give details.

G. Do you have any health requirements or dietary restrictions? If yes, explain.

H. In the last two years, have you consulted or been treated by a psychiatrist, clinical psychologist, drug/alcohol counselor, or other mental health professional for any mental, emotional or psychological conditions including eating disorders and substance abuse? If yes, give details.

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 limbs
- Bees/wasps
- Anemia
- Back problems
- Recurrent dizziness
- Pet/animal dander
- Bleeding/clotting
- Painful swollen joints
- Severe headaches
- Foods
- Bladder/kidney problems
- Abdominal pain
- Chronic indigestion, diarrhea
- Other
- Cancer or leukemia
- Chronic indigestion, diarrhea

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: ______________________
PART II: Health Report and Examination

Part II is required for any participant in the Program who does not already have current medical records on file at the Wellness Center at Bard College at Simon’s Rock.

Student/Participant name: __________________________

To the Examining Physician: This individual is participating in Bard College at Simon's Rock's 4-week program, Tropical Ecology and Sustainability Studies, which is taking 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, you are asked to carefully consider the individual’s general fitness and physical and mental health in relation to the program. This information is strictly for the use of Bard College at Simon’s Rock and will not be released without the individual’s consent.

Please mail or fax to: Bard College at Simon’s Rock, ATTN: Sharon Hartunian, Director of the Wellness Center, 84 Alford Road, Great Barrington, MA 01230 | Fax: 413-528-7358
DUE BY OCTOBER 31, 2016

Height _______________ Weight _______________

1. Does this individual have any allergies (including allergies to medication and/or food)? Yes No
2. If the individual has allergies, is there a history of asthma, anaphylaxis, and other dangerous allergic conditions? Yes No
3. Is this individual currently under medical treatment or taking medication? Yes No
4. Has the individual received counseling or mental health treatment within the last two years (if yes, permission will be asked of the applicant for us to contact you for more information)? Yes No
5. Is there any chronic condition that may require additional treatment? Yes No
6. Are there any limitations to physical activity? If yes, give details below. Yes No

Please give details on any question(s) to which you have answered yes or on any points of concern in your examination or in this individual’s personal health history in Part I.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Having examined this individual and reviewed his/her past medical history, I agree that the individual is healthy enough to participate in the program indicated above. Having received permission from the individual, I am willing, if indicated, to discuss issues pertaining to this individual’s health status with the professional staff of Bard College at Simon’s Rock and will furnish pertinent medical records upon request.

Physician’s signature: ___________________________ Date: ___________________________
Physician’s name (print): ___________________________ Phone: ___________________________
Physician’s address: ____________________________________________________________
_________________________________________________ _______________________________
City State Zip code

Email: ___________________________