

(Office Use Only)		
Approved?	Yes	No
Initials: _____	Date _____	

## Montana Expedition Application

Applicant Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Communication:

Phone

Email

Mail

Minor Applicants (Ages 15-17):

Minor applicants must be 15 years old by the first day of the field expedition session he or she will attend. Minors must be accompanied at all times by a parent or guardian who must apply for and be independently selected for participation and fully engage in field work. Each applicant must submit a separate application.

Name of Minor Applicant: \_\_\_\_\_

Name of Accompanying Parent/Guardian: \_\_\_\_\_

We have read and understand that minor applicants must be accompanied by a parent or guardian at all times. This parent or guardian must also apply for and be selected to participate in the Burpee Museum Expedition Program. Parents or Guardians accompanying minor participants are expected to fully engage in field work.

Minor E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Parent/Guardian E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Please return complete application packets via email to: [joshua.mathews@Burpee.org](mailto:joshua.mathews@Burpee.org)  
Application packets can also be returned via post to: Burpee Museum of Natural History  
Attn. Joshua Mathews  
737 N. Main Street  
Rockford, IL 61103

Emergency Contact:

Phone: \_\_\_\_\_ Name and Relationship: \_\_\_\_\_  
If your Emergency Contact (above) will also be an Expedition Participant, please list a secondary contact below.

---

Background Information:

1. Have you been a Burpee Expedition Participant before? Yes No

If Yes, in what year(s) and at what location(s)?

2. Are you a teacher, college instructor or professor? Yes No

If Yes, what grade level, institution and subject(s) do you teach?

3. Are you a student? Yes No

If Yes, what is your year of study and major/focus? At what institution?

4. Have you previously collected fossils or participated in similar activities? Yes No

If Yes, please list the activity, time period, general location and sponsoring institution or group:

5. In the past five years, have you camped out, attended outdoor camp, or participated in any scientific field expeditions? Yes No

If Yes, please list the activity, time period, general location and sponsoring institution or group:

6. Have you ever used power tools? Yes No

If Yes, please list the power tools and circumstances (e.g. work, home, school, hobby, etc.):

Transportation:

Getting to Ekalaka, Montana:

1. Participants are responsible for their own transportation and travel costs to Ekalaka, Montana from their point of origin, and from Ekalaka, Montana to their destination after participation in the Burpee Museum Expedition Program.
2. Participants are responsible for their lodging while en route to and from Ekalaka, Montana.
3. The closest major airport to Ekalaka, Montana is in Rapid City, South Dakota. Rental cars are generally available in Rapid City.
4. Pick up and drop off is available at the Rapid City Regional Airport for a roundtrip fee of \$100/participant, however, flights must be scheduled as follows:
  - a. Expedition airport shuttle will leave Rapid City Regional Airport (RAP) at 3:00pm MDT on the Sunday prior to the session start date. Participant's flight must arrive at RAP before 2:00pm MDT on Sunday.
  - b. Expedition airport shuttle will return to RAP by 12:00pm MDT on the Saturday following the expedition. Participant's departing flight must be scheduled to leave RAP after 1:00pm MDT on Saturday.
  - c. Expedition Staff will make one trip to RAP to pick up Participants on Sundays, and one trip to drop off Participants on Saturdays.
  - d. Expedition Staff cannot provide transportation to or from any other airport or transportation location other than the Rapid City Regional Airport on the days and times listed above.
  - e. Burpee Museum cannot make accommodations for flights that are delayed, cancelled, rescheduled or missed. Transportation fees cannot be refunded.

Expedition Field Site Transportation:

1. Burpee Museum Expedition Staff will provide transportation for Participants to and from Camp Needmore in Ekalaka, Montana and the field sites once each day.
2. Vehicles will depart Camp Needmore at approximately 8:00 am and return from the field sites at approximately 6:00 pm each day.
  - a. Participants can expect to be in the field from approximately 9:00 am to 5:00 pm daily; the drive to/from the quarry is approximately 60 minutes each way.

I understand that I am responsible for my transportation to and from Ekalaka, Montana before and after my expedition session, and that only transportation to and from the field sites will be provided to me by Burpee Museum during my expedition session.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Lodging and Food:

1. Lodging and food are included in the Participant fees for the Highway to Hell Creek Field Expedition to Ekalaka, Montana.
2. Each Participant will be assigned to a cabin prior to arriving in Ekalaka, Montana. Participants must bring their own bedding; it is not provided.
3. Participants will be provided with breakfast and dinner at Camp Needmore during their expedition session in Ekalaka, Montana.
  - a. Ekalaka, Montana is a small, rural town with limited services. Participants with food allergies or who have specific dietary needs should be prepared to meet their own needs.
  - b. Burpee Museum can NOT meet personal food preparation requirements or dietary needs of any Participant. Additionally, Burpee Museum can NOT guarantee an allergen-free environment for any Participant who may have food allergies.
4. Burpee Museum does not provide meal service in the field. Participants should make and bring a sack lunch to the field sites each day. Supplies to make a sack lunch will be provided in the Camp Needmore Dining Hall.
5. Participants are required to bring at least two personal liter containers of water with them to the field each day. Communal water jugs are provided as an extra water resource.

I understand that my lodging and food during the Highway to Hell Creek Expedition in Ekalaka, Montana will be provided. Additionally, I understand that if I must adhere to a specific diet for any reason that I must be prepared to meet my own dietary needs while on expedition in Ekalaka Montana.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

## Field Conditions and Participant Requirements:

By requesting consideration for selection to be a Participant on any of the 2018 fossil field collecting expeditions led by the Burpee Museum of Natural History ("Burpee Museum"), you understand and agree with the following statements and will abide by all requirements:

1. The Burpee Museum is a federal repository for fossils and conducts scientific field expeditions for the purpose of fossil collection and research in accordance to laws, regulations, and rules set forth by the Bureau of Land Management. All Expedition Participants are required to follow all applicable legal requirements.
2. The Burpee Museum Expeditions are:
  - a. held in desolate and isolated areas of Utah that can have unpredictable and extreme weather conditions. This can include large daily temperature fluctuations, high and low temperatures, violent winds, and storms. Such weather may cause field activities to be cancelled or shortened. Weather may also be life-threatening and cause in-field stranding, unpassable roads, and other dangerous conditions;
  - b. in areas with plant, animal, and insect life that can cause injury or death, e.g., poisonous snakes, scorpions, spiders, fire ants, cacti, cougars. Participants can potentially suffer from things such as sunburn, windburn, heat stroke, venomous and non-poisonous bites, cuts, bruises, abrasions, sprains, broken bones, dehydration, and other injuries and circumstances up to and including loss of life;
  - c. located in territory often very distant from medical care clinics and hospitals. Due to field conditions, geography, or particular incidents, Participants may not be able to receive professional medical support or care in timely fashion;
  - d. situated in a variety of field site settings that require hard physical labor, long work hours, close working quarters with fellow Participants, and walking on uneven, elevated, slippery, and rough ground. Additionally, expedition participants may be exposed to prolonged sunlight, loud continual noise, and dust from wind and power tools, and other weather related or manmade hazards.
3. All Participants are assigned to a field crew which must act in concert with other crews in order to achieve the scientific purposes of the expedition. Burpee Museum cannot make accommodations in the field to meet the needs of individual Participants, e.g., shortened work days, special dietary requirements.
4. The success of the respective Burpee Museum field expeditions is dependent on the full participation of all expedition Participants in order to meet the expedition Scientific and field collection goals. All expedition Participants must conduct themselves in a manner compatible with safe and legal collection practices and engage in respectful camp practices and interactions with other expedition Participants. If an expedition Participant is unable to do so, his or her Participant status may be revoked at the discretion of Burpee Museum's Director of Collections & Exhibits, Science Programs Manager, or Executive Director. In the case of a Montana Expedition Participant, this means that the person may no longer work at Burpee Museum field sites and must immediately vacate Camp Needmore.
5. If a Participant has his or her status revoked by Burpee Museum, no refunds of fees paid will be provided. In the case of a Minor whose Participant status is revoked, the Parent or

Guardian of that Minor will also have his or her Participant status revoked. Burpee Museum is not responsible for any expense or circumstance that arises from a former Participant after his or her status is revoked. Any subsequent transportation, lodging, food, or other expenses that incur to a person whose has had his or her Participant status revoked is the responsibility of that person or his or her Parent/Guardian.

I understand that I will be exposed to potentially hazardous or extreme working conditions if I am selected to participate in an expedition. I also understand that I am expected to fully participate in the activities of the expedition, as well as abide by any and all state and federal laws that govern the expedition. Further, I understand that I will be working, traveling, and lodging in close quarters with other Participants and that my Participant status may be revoked at any time if I am unable to do so in an appropriate manner. If my Participant status is revoked I will not be eligible for any refund, and will not be able to work at any of the Burpee Museum field sites and that I must immediately vacate Camp Needmore.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ (Parent or  
Guardian)

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Health History, Insurance and Care:

Please complete the following:

Allergies:

Applicant has no known allergies

Applicant has known allergies and is allergic to:

Food            Medicine            Environment (insect stings, hay fever, etc.)            Other  
Please describe below what the Applicant is allergic to and what the known reactions are:

If the Applicant has known allergies, what is the course of action for treatment?

OTC Antihistamines            Rx Antihistamines            EPI Pen            Other  
Please list the name and dosage of any and all allergy medications. Participants with life threatening allergies are required to have allergy medication with them at all times.

Diet, Nutrition:

Applicant eats a diet with no special restrictions.

Applicant requires a diet with special restrictions.  
Please describe any special restrictions below:

General Health History:

Check Yes or No for each statement. Explain Yes answers below.

Has/Does the Applicant:

- | Yes | No |                                                         | Yes | No                                                                  |
|-----|----|---------------------------------------------------------|-----|---------------------------------------------------------------------|
|     |    | 1. Ever been hospitalized?                              |     | 17. Require dialysis?                                               |
|     |    | 2. Ever had surgery?                                    |     | 18. Ever had back/joint problems?                                   |
|     |    | 3. Ever had a broken bone?                              |     | 19. Have/Had arthritis or<br>rheumatoid arthritis?                  |
|     |    | 4. Ever had a concussion or<br>other head injury?       |     | 20. Smoke?                                                          |
|     |    | 5. Have a recurrent/chronic<br>illness?                 |     | 21. Have orthodontic<br>braces/dental implants/dental<br>hardware?  |
|     |    | 6. Had a recent infectious<br>disease?                  |     | 22. Have a blood borne disease?                                     |
|     |    | 7. Had a recent injury?                                 |     | 23. If female, plan to be pregnant<br>during the expedition?        |
|     |    | 8. Have/Had<br>asthma/wheezing/<br>shortness of breath? |     | 24. Have/Had cancer?                                                |
|     |    | 9. Have diabetes?                                       |     | 25. Traveled outside of the United<br>States in the last 12 months? |
|     |    | 10. Have/Had seizures?                                  |     | 26. Have/Had an eating disorder?                                    |
|     |    | 11. Have/Had headaches or<br>migraines?                 |     | 27. Had a Tetanus Booster in the<br>last 2 years?                   |
|     |    | 12. Wear glasses/contacts/<br>protective eyewear?       |     | 28. Have any physical limitations?                                  |
|     |    | 13. Have glaucoma or other<br>vision problem?           |     | 29. Use a prosthetic?                                               |
|     |    | 14. Had dizziness or fainting?                          |     | 30. Have a current Do Not<br>Resuscitate Order?                     |
|     |    | 15. Passed out/had chest pain<br>during exercise?       |     | 31. Have had a stroke?                                              |
|     |    | 16. Have a Pacemaker or other<br>regulatory device?     |     | 32. Have had Heat Stroke?                                           |

Explain Yes answers here:

Mental, Emotional, and Social Health:

Check Yes or No for each statement. Explain Yes answers below.

Has the Applicant:

- | Yes | No |                                                                                                                   |
|-----|----|-------------------------------------------------------------------------------------------------------------------|
|     |    | 1. Ever been treated for attention deficit disorder (ADD) or attention<br>deficit/hyperactivity disorder (AD/HD)? |
|     |    | 2. Ever been treated for Autism or an Autism Spectrum disorder?                                                   |
|     |    | 3. During the past 12 months, seen a professional to address mental or emotional<br>health concerns?              |

Explain Yes answers here:



Medication:

Applicant will not take any daily medications while on expedition.

Applicant will take the following daily medication(s) while on expedition:

Medication Name	Reason	Dosage/Day	Form (Pill, Liquid, Injection, etc.)
-----------------	--------	------------	--------------------------------------

Other Pertinent Information:

Please provide any additional information about the Applicant's health that you think is important or that may affect the Applicant's ability to fully participate in the Expedition program. Attach additional information if needed.

Restrictions:

I have reviewed the Expedition Application, including the Field Conditions and Participant Requirements and am fully able to participate with no restrictions.

I have reviewed the Expedition Application, including the Field Conditions and Participant Requirements and am able to participate with the following restrictions or adaptations described below:

Based on your personal statement of your health and health history, Burpee Museum reserves the right to request a statement of fitness for expedition participation from your attending physician.

Health-Care Providers:

Name of Applicant's Primary Doctor(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant's Dentist(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Information:

Yes            No        This Applicant is covered by medical/hospital insurance.

If Yes: Include a copy of your insurance card; copy both sides of the card so that the information is legible.

Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

Authorization for Health Care:

This health history is correct and accurately reflects the health status of the Applicant to whom it pertains. The Applicant has indicated that they are able to participate in the Burpee Museum Field Expedition fully, unless otherwise indicated or as advised by a physician or, in the case of a minor Participant, a parent/guardian. The Applicant (or Applicant's parent/guardian) gives permission for any Burpee Museum Staff Member or Agent to seek treatment from a health care provider who can order x-rays, routine tests, and treatment related to the health of the Applicant in emergency situations. If the Applicant is unable to, and the Emergency Contact(s) cannot be reached, the Applicant (or Applicant's parent/guardian) give permission for health care providers to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the Applicant. The Applicant (or Applicant's parent/guardian) understands that the information on this form will be shared with Expedition Staff on a "need to know" basis. The Applicant (or Applicant's parent/guardian) gives permission for this form to be photocopied. The Applicant (or Applicant's parent/guardian) understands that they are fully and solely responsible for all health, medical, and/or dental care costs incurred directly or indirectly from expedition participation and that Burpee Museum of Natural History, its staff, and agents, have no responsibility for any health, medical, and/or dental care costs that arise out of treatment or care received by the Applicant. The Applicant (or Applicant's parent/guardian) waives their right to sue Burpee Museum of Natural History, its staff, or agents for any such costs.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Release of Liability Regarding Expeditions

This RELEASE is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (hereinafter referred to as "Participant"), residing at \_\_\_\_\_,

for themselves and their personal representatives, heirs, and next of kin, releases, waives, discharges and covenants not to sue the Burpee Museum of Natural History, its officers and members, promoters, sponsors, owners, or their successors and assigns, and all other persons, firms or corporations and for each of them, their officers and employees (all referred to as "Releasees"), from all liability to the participant, their personal representatives, assigns, heirs and next of kin, for all losses or damage, and any claim or damage therefore, on account of injury to the person or property or resulting in the death of the Participant, whether caused by the negligence of Releasees, or otherwise, while Participant is for any purpose participating in the trip.

Participant agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost Releasees may incur due to the presence of Participant on site, and during drive to and from the dig site, and while on museum property for events connected with the trip whether caused by the negligence of the Releasees or otherwise.

Participant assumes full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise while on site, during travel to and from the dig site, and while on museum property whether caused by the negligence of the Releasees or otherwise and/or while working in connection with, or for any purpose participating in, the trip.

Participant agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that if any portion of the agreement is held invalid, it is agreed that the balance will continue in full legal force and effect.

Participant or Guardian, in consideration of being permitted to participate in the trip (Burpee Museum and its agents hold and reserve the right to choose their crew members and that acceptance of this registration, application or payment does not guarantee a position in sessions indicated), does for themselves, their heirs, executors, administrators, and assigns, hereby release and forever discharge the Burpee Museum of Natural History, its officers and members, promoters, sponsors, owners, or their successors and assigns, and all other persons, firms or corporations and for each of them, their officers and employees, their heirs, administrators and executors of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by reason of, and bodily injury or personal injuries known or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in the trip, or any activities in connection with the trip, whether by negligence or not.

Participant further releases all those referred to above as Releasees from any claim whatsoever on account of first aid, medical treatment or services rendered them during participation in the trip. This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not mere recital.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Parent/Guardian Signature: \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.

Sessions and Rates:

The Highway to Hell Creek Expedition to Ekalaka, Montana is a week-long (5 day) session. Saturdays and Sundays are not field days and do not count towards the attendance minimum.

Please select your dates or session(s) below:

Session 1:	Session 2:	No Session
July 30- August 3, 2018	August 6-10, 2018	Preference

Rates:

General: \$1400/Session	Educator: \$1200/Session	Student: \$1200/Session
----------------------------	-----------------------------	----------------------------

Expedition Veteran Early Bird Rate\*: \$1200/Session  
\*Deposit required prior to June 1, 2018 to receive special rate.

Application Notes:

All applications must include a \$400/Applicant deposit in order for the application to be reviewed. This deposit is non-refundable after June 22nd, 2018. Applicant will be notified by Burpee Museum, in writing or via email, of his or her selection to be a 2018 Burpee Expedition Participant. Once selected for participation an Applicant's deposit is non-refundable. If Burpee Museum elects to cancel a session due to non-interest, applicant will receive a full refund. An Applicant who is not selected to be an Expedition Participant will have their deposit refunded to them within 30 days of selection notification. Applications must be received and complete by July 8, 2018 to be considered for the 2018 Highway to Hell Creek Expedition to Ekalaka, Montana. Payment must be made in full for the 2018 Highway to Hell Creek Expedition to Ekalaka, Montana by July 8, 2018.

Deposit Payment Information:

Check - Make checks payable to Burpee Museum. Include "Exp. Deposit" in Memo.

Check #: \_\_\_\_\_ DL#: \_\_\_\_\_

Credit Card

Visa      Master Card      American Express      Discover      Other

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Signature: \_\_\_\_\_

I understand that by typing my name above I am signing this application electronically and that my electronic signature is the legal equivalent of my manual signature.