RURAL FUTURES STUDY ABROAD PROGRAMS

PARTICIPANT APPLICATION AND RELEASE FORMS

Please complete this form in English. Type or print clearly and email to info@ruralfutures.it . All fields marked * are required. By submitting this form, you confirm that the information provided is accurate to the best of your knowledge. Application deadline: March 20th, 2026.

Title of Program*

☐ The Gardens of the God_ Southern Italy Landscapes Field Studio_ May 18-31, 2026

☐ The Antonella Project: Eco-Regional design for the Lao River Watersheds_ June 01-28, 2026

1) Applicant Information

Given/First Name*	
Family/Last Name*	
Preferred Name (if different)	
Preferred pronouns	
Date of Birth (MM/DD/YYYY)*	
Citizenship*	
Email Address*	
Mobile Phone (include country code)*	
Current Address*	
City / State / ZIP*	
Country*	

2) Academic / Professional Information

Affiliation (University / Firm / Institution /Independent)*	
Role* (e.g., Undergraduate student, Graduate student, Faculty, Professional)	
Department / Program	
Major / Focus Area	
Year of Study (if applicable)	
Portfolio / Website URL (optional)	

Statement of Interest (approx. 50–150 words)*

3) Passport and Travel Document Details

Passport Number*	
Issuing Country*	
Date of Issue (MM/DD/YYYY)*	
Date of Expiry (MM/DD/YYYY)*	
Do you currently have a valid passport?* ☐Yes ☐No ☐In progress	

Passport note: Many study-abroad and field-school programs require passports to be valid for at least 6 months beyond the return date and to keep a copy of the passport information page on file.

4) Emergency Contact Information (Primary and Secondary)

Provide at least one emergency contact. Please keep these details up to date.

Primary Contact — Full Name*	
Relationship*	
Primary Contact — Phone (include country code)*	
Primary Contact — Email*	
Primary Contact — Address	
Secondary Contact — Full Name (recommended)	
Relationship	
Secondary Contact — Phone	
Secondary Contact — Email	

5) Health, Accessibility, Allergies, and Dietary Requirements

This information is collected to support participant safety, accommodations where feasible, and meal planning.

Do you have any allergies?* ☐No ☐Yes (if yes please specify)	
Allergies / Intolerances (foods, medications, insect stings,	

etc.)	
Dietary Requirements (e.g., vegetarian, vegan, gluten-free, religious)	
Medical Conditions relevant to field activities (chronic conditions, asthma, etc.)	
Medications (name and dosage; bring sufficient supply)	
Accessibility needs / accommodations (mobility, sensory, etc.)	

Medical Information Disclosure (required)*

In the event of illness or injury, I authorize program staff to share relevant health information with emergency contacts, healthcare providers, and (as necessary) appropriate institutional partners for the purpose of arranging care.

Signature: _____

6) Proof of Medical Insurance Abroad valid for Italy

Insurance Provider*	
Policy/Member number*	
Emergency Assistance Phone	

Even though Italy has a socialized healthcare system, participants of RURAL FUTURES Study Abroad Programs must have health insurance coverage for the duration of their program. It is important to check with your medical provider and insurance company to understand what expenses they cover in Europe. We recommend students purchase short-term travel insurance to supplement their current medical plan. Travel insurance covers these four basic areas: 1) Medical/health problems; 2) Property loss; 3) Trip cancellation/interruption; 4) Emergency evacuation.
Companies that have had positive feedback from students and local health providers include:

- HTH Worldwide
- GeoBlue
- CISI
- https://www.axaglobalhealthcare.com/en/international-health-insurance/

7) Participant Acknowledgements (Initial Each)

I declare that I have read the program brochure and I am informed about all scheduled activities included in the program. Initials: _____

I understand that activities may involve uneven terrain, stairs, archaeological sites, and extended outdoor exposure (sun/heat/water). Initials: _____

I understand that scheduled activities may include trekking/hiking and river-based activities (including rafting), and I will follow all safety instructions. Initials: _____

I will disclose relevant medical, dietary, or accessibility needs prior to departure and as changes occur. Initials: _____

I agree to sign the Liability Waiver and comply with all program rules and local laws. Initials: _____

8) Required Documents and Pre-Departure Checklist

Submit required items by the stated deadline. Check each item when completed.

- ☐ Completed and signed Participant and Release Forms
- ☐ Copy of passport information page (or proof of application if passport is in progress)
- ☐ Proof of health insurance coverage valid for Italy
- ☐ Emergency contact details provided and verified
- ☐ Health / allergy / dietary information completed
- ☐ Signed participation form and liability waiver
- ☐ Payment / deposit receipt
- ☐ Any visa documentation (if applicable)

9) Materials to Bring

- ☐ Field notebook and/or sketchbook; pens/pencils;
- ☐ Hiking boots suitable for uneven terrain
- ☐ Swimsuit and quick-dry towel
- ☐ Comfortable clothes, shoes/sneakers, and workout clothes
- ☐ Weather protection: light rain jacket, sun hat, sunscreen, sunglasses

☐ If you wear glasses, pack an extra pair
☐ Refillable water bottle; daypack/backpack that can fit under an airline seat
☐ Camera or smartphone for documentation (respecting site rules)
☐ Laptop/tablet for writing, designing and mapping; chargers/adapters
☐ Personal medications (in original, labeled packaging)
☐ Copies of your prescriptions and the generic names for the drugs. If a medication is unusual or contains narcotics, you may wish to carry a letter from your doctor attesting to your need for taking the drug. If you have any doubt about the legality of carrying a certain drug into a country, consult the embassy or consulate of that country first.
☐ Copies of key documents (passport, insurance) stored separately from originals

10) Declarations and Signature

I certify that the information provided in this application is complete and accurate. I understand that participation may involve extensive walking, outdoor activities, and travel in varied environments. I agree to comply with program policies, safety guidance, and site regulations.

Signature: _____ Date: _____

Printed Name: _____

Please email the signed form to: info@ruralfutures.it

RURAL FUTURES
Program Policies, Liability Waiver, Assumption of Risk, and Release

Title of Program

☐ The Gardens of the God_ Southern Italy Landscapes Field Studio_ May 18-31, 2026

☐ The Antonella Project: Eco-Regional design for the Lao River Watersheds_ June 01-28, 2026

Rural Futures and its employees, shareholders, subsidiaries, affiliates, officers, directors or trustees, agents, sponsors, operators, third party contractors, are committed to provide the best learning and travel experience.

Program Policies

Attendance and Participation. I will attend and participate in all scheduled activities (site visits, classroom activities, fieldwork, workshops, and briefings) and will be punctual at meeting points. Initials: _____

Group Safety and Supervision. I will remain with the group during program activities unless I have explicit permission from program staff to separate, and I will follow all safety instructions from instructors, guides, and operators. Initials: _____

Appropriate Equipment. I will bring and use required equipment and footwear appropriate for extensive walking and hiking/trekking days (including hiking boots or sturdy hiking shoes for Pollino National Park). Initials: _____

Respect for Sites and Heritage. I will respect the rules of museums, archaeological areas, monasteries, gardens, and protected areas; I will not remove artifacts, stones, plants, or other materials. Initials: _____

Environmental Stewardship. I will minimize my environmental impact (leave-no-trace practices, waste reduction, and respect for flora and fauna), especially within Pollino National Park and other protected landscapes. Initials: _____

No Animals in Program Lodging. I will not bring pets or any animals to the program, and I will not bring any animal into program-provided lodging, including hotel rooms and apartments. Initials: _____

Accommodation Conduct. I will respect program lodging rules (quiet hours, cleanliness, and care of facilities). I understand I am financially responsible for any damage caused by myself. Guests are not allowed in program lodging. Initials: _____

Respectful Community Standards. I will maintain professional, respectful behavior toward all participants, staff, and local communities. Harassment, discrimination, or intimidation will result in disciplinary action up to and including dismissal. Initials: _____

Consequences and Removal. I understand that serious or repeated violations may result in removal from the program at my own expense. Initials: _____

Liability waiver, assumption of risk and release

A. Assumption of Risk

I acknowledge that participation in an overseas field program involves inherent risks that cannot be eliminated. These risks may include, without limitation: accidents during travel and transportation; slips, trips, and falls on uneven terrain, stairs, and trails; environmental exposure (heat, sun, wind, rain, snow, etc.). Rural Futures and its employees, shareholders, subsidiaries, affiliates, officers, directors or trustees, agents, third party contractors (hereinafter "Sponsors/Operator") are not responsible for any injury, loss, death, inconvenience, delay, or damage to person or property in connection with the provision of any goods or service, bites from or attacks by animals, insects or pests; sickness, illness, epidemics, pandemics, or the threat thereof; earthquakes, natural disasters, etc.; strikes or other labor activities; criminal or terrorist activities of any kind or the threat thereof; sickness, illness, epidemics, pandemics; the lack of availability of or access to medical attention or the quality thereof; overbooking or downgrading of accommodations; mechanical or other failure of airplanes, vessels, or other means of transportation; or for any failure of any transportation mechanism to arrive or depart timely or safely; injury related to classroom activities and hiking/trekking, rafting, or other outdoor activities; illness; and risks associated with historic areas or natural sites (including cliffs, bridges, canyon viewpoints, and proximity to rivers). In addition, Sponsors/Operator are not liable for their own negligence. I voluntarily assume all such risks, whether known or unknown.

B. Participant Responsibilities

I agree to follow all written and verbal instructions provided by instructors, guides, and activity operators; to use required safety equipment; to exercise reasonable care; and to refrain from actions that may endanger myself or others. I understand that appropriate footwear and field preparation (including hiking shoes/boots for hiking/trekking days) are required.

C. Changes in Itinerary or features

Sponsors/Operator reserve the right to change the itinerary or trip features at any time and for any reason, with or without notice, and Sponsors/Operator shall not be liable for any loss of any kind as a result of any such changes. Sponsors/Operator are not required to cancel any trip for any reason including, without limitation, United States Department of State, World Health Organization, or other Warnings or Advisories of any kind. Sponsors/Operator are not responsible for penalties assessed by air carriers resulting from operational and/or itinerary changes, even if Sponsors/Operator make the flight arrangements or cancel the trip. Sponsors/Operator reserve the right to substitute hotels or attractions of a similar category for those listed in the program brochure.

D. Physical Accessibility

All programs require physical independence and mobility. Any physical or mental condition that may require special medical attention or physical assistance must be reported in writing when you make your reservation. Participants must be able to embark or disembark transportation vehicles, stand for extended periods, climb stairs, and step over raised thresholds all without assistance. All participants will be required to follow safety/sanitization protocols set forth by Sponsors/Operator, local staff, and host country laws, and any participant who refuses to follow protocols may be asked to leave the program with no refunds provided.

E. Airlines Tickets and Luggage

I understand that airfare is not included in the program fee. I am responsible for independently booking and paying for my round-trip flights, and for arriving at the designated meeting point(s) on the dates and times specified by the program. Participants should not purchase airline tickets prior to receiving their final payment invoice so as to avoid airline cancellation penalties if a tour is canceled or

otherwise modified subsequent to the participant's purchase of those tickets. Baggage and personal effects are at all times the sole responsibility of the participant. If, due to weather, flight schedules, or other uncontrollable factors, you are required to spend (an) additional night(s), you will be responsible for your own hotel, transfers, and meal costs. Baggage is entirely at owner's risk. Sponsors/Operator reserve the right to decline to accept or retain any participant at any time. The right is reserved to decline to accept as a participant, or remove from a trip, without refund, any person it judges to be incapable of meeting the rigors and requirements of participating in the activities, or who is abusive to other trip participants, leaders, or third parties, or who is determined to detract from the enjoyment of the trip by others. Specific room assignments are within the sole discretion of the hotel and accommodation manager.

F. Trip Insurance

Sponsors/Operator strongly recommend that participants purchase trip cancellation insurance. In the event that you must cancel your participation, trip cancellation insurance may be the only source of reimbursement. Trip cancellation insurance is available through several providers/insurance companies and covers certain expenses in conjunction with cancellation due to illness or accident and damaged or lost luggage.

G. Tour Cancellations and Refunds

Prices quoted are based on group participation. No refunds will be made for any part of the program in which a participant chooses not to participate. Refunds cannot be made to participants who do not complete the tour for any reason, nor to participants whose entry into any country or aboard any transportation vehicle, including airplanes and cruise ships, is delayed or denied. Sponsors/Operator reserve the right to cancel this tour prior to departure, in which case payment will be refunded without further obligation on our part unless trip cancellation, itinerary changes, and/or delays are mandated by causes beyond our control, in which case the participant shall have the option of accepting in lieu of the original tour such rescheduled tour or other substituted tour(s) as may be offered by Sponsors/Operator, or else receiving a refund of as much of such advance tour expenditures as Sponsors/Operator are able to recover on the participant's behalf from carriers, third-party tour vendors, etc. Sponsors/Operator, however, shall not have any obligation or liability to the participant beyond the foregoing.

H. Release and Indemnification

In consideration of being permitted to participate, and to the fullest extent allowed by applicable law, I hereby release, waive, discharge, and hold harmless the program organizers, sponsoring institutions, instructors, staff, guides, local partners, contractors, transportation providers, and affiliated entities (collectively, the "Released Parties") from any and all claims, liabilities, demands, actions, or causes of action arising out of or related to my participation, including claims for injury, illness, death, property loss, or damage, whether caused by the negligence of the Released Parties or otherwise. I further agree to indemnify and defend the Released Parties against any claims brought by third parties arising from my acts or omissions.

I. Medical Authorization

If I require medical care during the program, I authorize program personnel and/or their designees to obtain or arrange emergency medical treatment for me. I understand that I am responsible for medical expenses incurred, except as expressly covered by insurance.

J. Photo/Video Release (choose one)

[ ] I consent to the use of photographs/video/audio for educational documentation and program promotion.
[ ] I do NOT consent (reasonable efforts will be made to avoid my inclusion).

K. Understanding and Voluntary Signature

I acknowledge that I have read this document carefully, understand its contents, and sign it voluntarily. I understand that by signing I may be waiving legal rights, including the right to sue.

Signature: _____ Date: _____

Printed Name: _____