



CENTRAL CARIBBEAN MARINE INSTITUTE

ECO-COURSE REGISTRATION

Course Overview & Daily Schedule

This Marine Ecology course combines learning and interaction with the local marine environment. The course introduces the concept of Marine Sustainability, understanding the local ecology and ways and means of protecting this precious environment. The location and facilities of the Little Cayman Research Centre make this course highly interactive with outside tutorials, snorkeling/kayaking excursions, tours of the island, mini-research projects (including collecting 'real' data) and lots of fun.

Course Fee

CI\$350 per student

CI\$250 per instructor

Includes room, 3 meals a day, pick up and return to Little Cayman airport, and associated activities at LCRC. Airfare to/from Little Cayman is not included.

A 50% deposit is required no later than 60 days prior to the start of the course, with the balance due and payable 30 days prior to the start of the course. If a student cancels within 30 days of the commencement date, a CI\$50 administration fee is retained.

To register, please print and complete the following required forms and waivers and return them to the teacher or lead instructor in charge of organizing your Eco-Course.

- a.) Eco-Course Registration Form
- b.) Field Programme Waiver & Liability Disclaimer
- c.) Emergency Information and Medical Statement

A **Recommended Gear List** is included for your information

All participants must fill out all forms completely and sign.

- If participant is under the age of 18, a parent or guardian must sign the form in addition to participant's signature.
- Where required, the forms must be witnessed by someone other than the signing parties.
- Failure to fully complete and deliver the above forms to the appropriate parties by the deadline may result in refusal of enrollment.

******* Please deliver all forms and fees to the Teacher organizing your Eco-Course - no later than **ONE MONTH** prior to the scheduled start date.**



Central Caribbean Marine Institute Eco-Course Registration Form

Please fill out the form below.

Eco-Course Session dates: _____ Grade _____

Participant Information:

Last Name _____ First Name _____

Date of Birth _____ Gender: _____

Address _____ Postal Code: _____

School _____ Ethnic Group: _____

Parent/Guardian Information:

Father/Guardian Full Name _____ E-Mail _____

Address (if different from the above) _____

Work Phone _____ Home Phone _____ Cell Phone _____

Mother/Guardian Full Name _____ E-Mail _____

Address (if different from the above) _____

Work Phone _____ Home Phone _____ Cell Phone _____

Travel Information to and from Little Cayman:

Cayman Airways Flight Number/Date/Arrival Time (to LC): _____

Cayman Airways Flight Number/Date/Departure Time (from LC): _____

Participants will be staying at:

CCMI
PO Box 37
Little Cayman Research Centre
North Coast Road, Little Cayman, KY3-2501
Phone 345-948-1094 ; Fax 345-948-0092

Questions: ccmiapplications@reefresearch.org

OR: Rob Hedges
Operations Manager
manager@reefresearch.org
948-1094



FIELD WAIVER & LIABILITY DISCLAIMER



THIS DEED OF INDEMNITY AND WAIVER (this "**Waiver**") is made the day of _____ between _____ (my "**Child**") of the parent or legal guardian of _____

(*address*) and each of the Little Cayman Research Centre (the "**Research Centre**"), the Central Caribbean Marine Institute (also known as CCMI), incorporated under the laws of the State of New Jersey and recognized as a federal 501c(3) non-profit organization and its affiliates, CCMI, a company limited by guarantee in the United Kingdom, and CCMI, a local company incorporated in the Cayman Islands and registered as a local charity and any of their respective parent companies, subsidiaries and affiliates (together hereinafter called "**CCMI**").

In consideration of my child _____ (my "**Child**") being given the opportunity to participate in a CCMI programme (the "**Programme**") at the Research Centre, I hereby acknowledge, agree and confirm as follows: I am aware of the skills needed for, and recognize the risks of injury or harm that may occur to my Child as a result of my Child's participation in the Programme. I assume such risks on my own for myself and my Child as a condition of my Child's being permitted to participate in the Programme.

To my knowledge, my Child has no existing medical condition that could worsen or result in further injury (to my Child or to others) as a result of my Child's participation in the Programme. I understand that neither the CCMI, nor the Research Centre nor any of their affiliates nor any of their officers, directors, trustees, agents or employees is responsible for administering any medical care or medication required by my Child whatsoever ("**Medical Treatment**") during my Child's participation in the Programme. In case of emergency, the Research Centre or any of its officers, directors, trustees, agents or employees is authorized to seek Medical Treatment for my Child, and I accept full financial responsibility for all the costs of such Medical Treatment and any associated costs connected thereto.

I hereby agree to indemnify, defend and hold harmless the Indemnified Persons from and against any Loss of any type or kind whatsoever arising out of or caused by my child's participation in the Programme any Medical Treatment provided or as a result of any Emergency Action taken.

In the event that CCMI or the Research Centre or any of their affiliates or any of its officers, directors, trustees, agents or employees deems it necessary at their sole discretion to evacuate my Child from the Research Centre for any reason including (without limitation) in the event of a threat of a hurricane or other act of God or to relocate my Child into an alternative building for example (without limitation) a shelter, I hereby authorize CCMI or the Research Centre or any of their affiliates or any of its officers, directors, trustees, agents or employees to take any and all action that they deem necessary ("**Emergency Action**") and I accept all financial liabilities related thereto.

I understand and agree that none of the Indemnified Persons may be held liable or responsible in any way for any injury, death, or other damages to me, my Child, my family, or any of their estate, heirs or assigns that may occur as a result of my Child's participation in the Programme or as a result of the negligence of any party, including the Indemnified Persons, whether passive or active. In consideration of being allowed to participate in the Programme, I hereby personally assume all risks of the Programme, whether foreseen or unforeseen, that may befall my Child while my Child is a participant in the Programme, including but not limited to the academics, confined water and/or open water activities including (without limitation) any snorkeling or other swimming activities or the use of public or private transportation. I further release, exempt and hold harmless said course and Indemnified Persons from any claim or lawsuit by me, my Child, my family, or any of their estate, heirs, or assigns, arising out of my Child's enrollment and participation in the Programme. This Waiver may be signed in counterpart, each of which shall be deemed an original, but all of which shall constitute an instrument.

For my Child and for myself and for my Child's heirs, successors and assigns, I hereby release and forever discharge CCMI and any of their parent companies, subsidiaries and affiliates, and their respective officers, directors, trustees, shareholders, agents, employees, successors and assigns all in their official or individual capacities ("**Indemnified Persons**") from any and all actions, costs, suits, demands, claims, damages, losses and liabilities direct or indirect howsoever arising (including without limitation reasonable attorney's fees) of any type or kind whatsoever arising out of or caused ("**Loss**") by my Child's participation in the Programme any Medical Treatment provided or as a result of any Emergency Action taken or in connection with any damage, loss or theft of any of my Child's personal property, equipment, clothing, or effects.

I acknowledge and agree that any Indemnified Person may rely on the terms of this Waiver and take the benefit of any of the terms contained herein. I understand and agree that the Research Centre or CCMI has the discretionary right to terminate my participation in the Programme if they conclude further participation would pose a risk to the safety of myself or others or if they conclude the Participant's behaviour is disruptive to the best interests of the Programme.

Permission is hereby given for the use the Participant's likeness, photographs, statements, video tape, voice, music or articles in the promotion of future Programmes. This Waiver is governed by the laws of the Cayman Islands and the Courts of the Cayman Islands shall have exclusive jurisdiction.

EXECUTED and DELIVERED as a DEED	
By	Witness Signature _____
Participant, or Parent or Legal Guardian if Participant is a minor	
Print Name _____	Print Name _____

EXECUTED and DELIVERED as a DEED	
_____	Witness Signature _____
For and on behalf of CCMI	
Print Name _____	Print Name _____



Emergency Information Form & Medical Statement

Programme Title **ECO-COURSE** Programme Date: _____

Participant's Name: _____

Participant's Birth Date: _____ Age: _____

Physical address _____ PO Box _____

Phone (Home) _____ (Cell) _____

List two individuals that we can contact in case of an emergency

(1) Name _____ Relationship _____

Address (if different from the above) _____ PO Box _____

Phone (Home) _____ (Cell) _____ (Work) _____

(2) Name _____ Relationship _____

Address (if different from the above) _____ PO Box _____

Phone (Home) _____ (Cell) _____ (Work) _____

Confidential Health Information for Emergency Purposes

Prescription Medications used regularly (please include all medications)

Medications, food, substances to which you are allergic

Medical Questionnaire

To the Participant

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diving or other aspects of the field experience. A positive response to a question does not necessarily disqualify you from diving or other activities. A positive response means that there is a preexisting condition that may affect your safety and you must seek the advice of your physician prior to engaging in certain activities.

Please answer YES or NO to the following:

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (except for birth control or anti-malarial)
- _____ Currently smoke a pipe, cigars, or cigarettes
- _____ Have a high cholesterol level
- _____ Have a family history of heart attack or stroke
- _____ Are currently receiving medical care
- _____ High blood pressure
- _____ Diabetes mellitus, even if controlled by diet alone

Have you ever had or do currently have – **answer YES or NO:**

- _____ Asthma, or wheezing with breathing, or wheezing with exercise?
- _____ Frequent or severe attacks of hay fever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?



• Medical Questionnaire (continued)

Have you ever had or do currently have – answer YES or NO:

- Pneumothorax (collapsed lung)?
- Other chest disease or chest surgery?
- Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?
- Blackouts or fainting (full/partial loss of consciousness)?
- Frequent or severe suffering from motion sickness (seasick, carsick, etc)

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Consult the PADI RSTC Medical Statement and Guidelines for Recreational Scuba Diver’s Physical Examination to take to your physician. A copy of that form is attached as a file attachment to this form. (Click the paper clip icon to the right of this document inside Acrobat Reader.) If you answer YES, please discuss the attachment and your condition with your physician

- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 minutes)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Back or spinal surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years

Any additional information about your medical conditions in which a physician in another country should be made aware of

Blood Type _____

Insurance Company and Policy Number which covers you on this trip: _____

Divers Alert Network/Travellers EMS Prepared Diver Card Number (only if you are a diver) _____

In the event of an emergency and we cannot be reached, I/we give our consent to authorize treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature of Participant _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

Needed if Participant is a minor



ECO-COURSE

RECOMMENDED GEAR

We recommend you bring along the following gear:

- Mask, fins, snorkel. We provide flotation devices for snorkeling, kayaking etc.
- 1 (or more) disposable underwater cameras
- Regular camera or digital camera
- Water shoes (Teva water sandals or dive booties that you can use in and out of the water)
- T-shirts that you can wear in the water
- Wide brim hat
- Sunglasses and extras
- Sunscreen, 45 SPF—you will be spending all day in the sun!
- Swimming Suit
- Bug Spray
- Beach Towel
- Backpack
- Mesh bag or backpack in which to carry snorkel gear
- Water bottle (Re-useable)
- Rain jacket
- Field Notebook and pencils

Little Cayman is remote, with only one small grocery store. Everything is very expensive! Local businesses accept credit and debit cards and US\$ as well as CI\$, but there are no ATMs on Little Cayman. Don't forget the essential things that you use on a daily basis. A supply boat comes weekly. Please give us any special dietary needs in advance.

We kindly ask that you limit use to personal time for any of the following:

- Cell Phones
- iPods
- Any small electronics