PROGRAMME DETAILS

Students 13 – 17 Years

CMEC Level 1

July 16th - 22nd

CMEC Level 2

July 23rd – 29th

Cost

\$2395 USD per student

Course cost includes:

- Accommodation
- 3 meals/day
- Scuba diving (if certified)
- Instructor fees
- Local airport transportation

A deposit of USD \$500 is required at the time of booking.



Edmund F. & Virginia B. Ball Caribbean Marine Ecology Camp (CMEC)

During the CMEC students focus on tropical marine ecology and conservation. Learning from CCMI scientists & educators, no two days are the same as they dive, snorkel, and explore a pristine reef system.

CMEC LEVEL 1

Camp activities in CMEC Level 1 are designed to be an immersive introduction to tropical marine ecology. We'll go on dive and snorkel outings to practice coral & fish identification, observe a lionfish dissection, participate in engaging classroom lectures about important reef topics, take part in a night snorkel, play beach games, share memories around an evening bonfire, and much more! Targeting marine ecology basics, we encourage students to gain leadership skills through group settings and team building activities.

CMEC LEVEL 2

This course is perfect for students who have already participated in CMEC Level 1, as it develops information further from that first camp experience. Students spend one week living amongst CCMI scientists & educators, building upon their prior knowledge, while developing new and more specialised skills amongst peers. This can include field work in our coral nursery, reef surveys, and advanced fish & coral identification skills. This experience is certain to take your passion for coral reefs to the next level!

Questions? Email education@reefresearch.org

'IT'S A PLACE THAT YOU CAN MEET NEW PEOPLE, LEARN NEW THINGS, AND EXPLORE NEW INTERESTS' - GEORGE REICHARDT CMEC 2022

'A FUN-FILLED EDUCATIONAL WEEK THAT IS VERY ENJOYABLE AND INTRODUCES YOU TO, AND HELPS YOU GET A GREAT UNDERSTANDING OF, THE MARINE ECOSYSTEM.

- ETHAN ALMEIDA CMEC 2022





Participant Information

| Programme Name | | | | Programr | ne Dates | | | |
|---|------------------|-----------------------------|--------------------|--------------------------------|--|----------------|---------|----------------------|
| First Name | | | Middle Initials | | Last Name | | | |
| Age | | Date of Birth (MM/DD/YY) | | | Gender | | | |
| Country of residence/citizenship | | | | collected to sponsorship | (this information is o assist in gaining o and grants for ation programmes) | | | |
| Address | | | | | | | | |
| Phone number (Please include area code) | | | | Cell phone | 2 | | | |
| Email Address | | | | | | | | |
| Name of participant school | | | | Is participant Scuba certified | | YES NO | | |
| Emergency Contac | t Informatio | on | | | | | | |
| Full Name | | | | | Relationship to participant | | | |
| Address | | | | | | | | |
| Phone (home) | | | Phone (work) | | | Phone (ce | II) | |
| Participants Doctor Infor | mation | | | | | | | |
| Participants Doctor | | | | | | | | |
| Surgery Address | | | | | | | | |
| Surgery Phone number | | | | Surgery | email address | | | |
| How did you hear about th | nis programme? | | | | | | | |
| Confidential Hea | Policy Number v | vhich covers you | on this trip: | - | | | | |
| DAN / Travelers EMS Dive | | | | | | | | |
| | | | | | | | | |
| Allergies (allergies to med | | | | | | | | |
| Blood Type (if unknown p | lease leave this | blank): | | | | | | |
| Dietary requirements List any special dietary re | quirements or f | oods that the par | ticipant cannot ea | at (please n | ote CCMI canno | ot cater for a | II spec | ial requirements): |
| The information I have p responsibility for omission | | | | | | t of my knov | wledge | e. I agree to accept |
| Signature of Participant _ | | | | Date: | | | | |
| Payment: | Pa | y over the phone | : | | | Online Ban | k Tran | sfer |

Field Waiver, Liability & Disclaimer



| THIS DEED OF INDEMNITY AND WAIVER | R (this "Waiver") is made the | day of | between | the parent |
|--|---|------------------|----------------------|--|
| or legal guardian of | (child name) of | | | (address) |
| (the "Participant") and each of the Little (| Cayman Research Centre (the "Res | search Centre | e"), the Central Ca | ribbean Marine Institute (also known as |
| CCMI), incorporated under the laws of the | State of New Jersey and recognize | ed as a federa | al 501c(3) non-profi | t organization and its affiliates, CCMI, a |
| company limited by guarantee in the United | • | , , | , | Islands and registered as a local charity |
| and any of their respective parent companie | s, subsidiaries and affiliates (togethe | er hereinafter o | called "CCMI"). | |
| In consideration of being given the opportu | nity to participate in a CCMI progra | mme (the "Pro | ogramme") at the | Research Centre, the Participant hereby |
| acknowledge, agree and confirm as follows: | the Participant is aware of the skills | s needed for, a | and recognize the ri | sks of injury or harm that may occur as a |

result of participation in the Programme. The Participant assumes such risks on the Participant's own as a condition of being permitted to participate in the Programme.

To the Participant's knowledge, the Participant has no existing medical condition that could worsen or result in further injury to himself or herself or to others as a result of the Participant's participation in the Programme. The Participant understand that neither 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 medication required by the Participant and /or any medical care required by the Participant whatsoever (together "Medical Treatment") during 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 necessary Medical Treatment for the Participant, and the Participant accepts full financial responsibility for all the costs of such Medical Treatment and any associated costs connected thereto.

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 the Participant 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 into an alternative building for example (without limitation) a shelter, the Participant 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 the Participant accepts all financial liabilities related thereto. But nothing contained herein shall oblige CCMI to take any Emergency Action.

The Participant hereby releases and forever discharges 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 the Participant's participation in the Programme, any Medical Treatment or medical care provided or as a result of any Emergency Action taken or in connection with any damage, loss or theft of any of the Participant's personal property, equipment, clothing, or effects. In full awareness of the above and in consideration of the Participant's participation of the programme, the Participant agrees to indemnify and hold harmless Indemnified Persons from all Loss that the Participant, his heirs, personal representatives and dependents may have for injury (including injury resulting in death) and for the loss of or damage (however caused) to his personal belongings arising in any manner out of the Participant's presence or activities while participating in a programme of CCMI.

The Participant 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 participation in the Programme any Medical Treatment or medical care provided or as a result of any Emergency Action taken. The Participant 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 the Participant, or any of their estate, heirs or assigns that may occur as a result of 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, the Participant hereby personally assume all risks of the Programme, whether foreseen or unforeseen, that may befall the Participant while participating 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. The Participant further release, exempt and hold harmless the Indemnified Persons from any claim or lawsuit by the Participant, his/her family, or any of the Participant's estate, heirs, or assigns, arising out of enrollment and participation in the Programme.

The Participant 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. The Participant understand and agree that the Research Centre or CCMI has the discretionary right to terminate the Participant's 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. The Participant has read, understood and agree to the booking terms and conditions stated on the CCMI's website www.reefresearch.org

This Waiver may be signed in counterpart, each of which shall be deemed an original, but all of which shall constitute one instrument. This Waiver is

| EXECUTED and DELIVERED as a DEED | | | |
|--|------------------------------------|-------------------|--|
| Ву | | | |
| Signature of Participant, or Parent or Legal (| Puardian if Participant is a minor | Witness Signature | |
| Signature of Farticipant, of Farent of Legal (| suardian il Farticipant is a minoi | | |
| Print Name | Date: | Witness Name | |
| | | | |
| | | | |
| EXECUTED and DELIVERED as a DEED | | | |
| For and on behalf of CCMI | | | |
| | | Witness Signature | |
| Signature of CCMI representative | | <u></u> | |
| | | | |
| Print Name | Date: | Witness Name | |



Central Caribbean Marine Institute

North Coast Road P.O. Box 37 Little Cayman, Cayman Islands, BWI T 345-948-1094 www.reefresearch.org

MEDIA RELEASE FORM

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We wish to obtain your consent to use your name, likeness, and testimonial(s) as a part of our educational and research outreach efforts. All media resources (still images, video, and audio) will remain the property of CCMI and will not be used by CCMI or its representatives for any commercial value or to receive monetary gain.

Finished video clips and still images may be made available on the CCMI website and social media accounts, as well as incorporated into presentations and both digital and printed promotional materials.

Please read the statement below and indicate, by checking the appropriate response, whether you do/do not grant permission for CCMI to include your name and likeness (including video, audio, and still images of you), as well as testimonials that you voluntarily provide to CCMI, inour promotional and educational materials.

| I, | , hereby | do/ | do not (p | please check one) give |
|---|---|---|--|--|
| during CCMI education, | photograph, videotape, and/o research and outreach progra with my name, for educatio | ammes and 1 | to use this ma | terial and any testimonials |
| used now or in the future, or other compensation ar Board of Trustees, emplo out of the use of this mate | to inspect or approve the fing, whether that use is known to ising from or related to use obyees, and other representative rial. This consent is governeall have exclusive jurisdiction | o me or unk of the image wes from an ed by the lav | nown, and I v I further relayliabilities, k | vaive any right to royalties ease and relieve CCMI, its nown or unknown, arising |
| Signature of Participant | (if participant is 18 or over) | _ | | Date |
| Signature of Parent/Gua | rdian (if participant is under | 18) | | Date |

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