

Pigeon Key Marine Science Camp

Liability Release Form

Please **PRINT** the information requested below. Complete all blanks and sign at the bottom.

Contact Information

Name: _____ Gender (circle): M F
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone (e.g., cell) _____
Emergency Contact: _____ Emergency Phone: _____

General Medical Information

Please list ANY medical problems such as allergies, chronic conditions, etc.: _____

Medications presently taken: _____
Any dietary restrictions (food allergies, vegetarian?) _____
My health/accident insurance policy is with: _____
Policy # _____ Group/Plan/ID # _____

RELEASE AND WAIVER OF LIABILITY/IMPLIED CONSENT

In signing this form, I understand that I waive the right to sue The Pigeon Key Foundation (PKF), The Florida Keys Land and Sea Trust, or any groups or individuals associated with PKF, for both myself and my heirs, assigns or personal representatives.

I am aware that PKF arrange activities involving snorkeling, SCUBA Diving, swimming and kayaking in the ocean, and traveling by boat. In participating or allowing my child to participate in these activities I acknowledge that during these activities, I or he/she may be exposed to certain risks which are inherent in the activity and cannot be eliminated without destroying the purpose and character of the activity, such a travel by boat, swimming in or near the ocean, snorkeling in the ocean, accident or illness in remote places without immediate access to medical facilities, and the forces of nature, including sun, wind, and rain. I understand the description of these risks are not complete and that these and other unknown or unanticipated inherent risks my result in injury or death.

In consideration for the right for myself or my child to participate in such activities, and other services and activities arranged for me or him/her, I have and do hereby assume all risks and will forever indemnify, hold harmless, and covenant not to sue PKF and the Land Sea Trust, its employees, property owners, directors, officers, and members from any and all liabilities, actions, causes of actions, debts, claims, demands, or other liability of every kind and nature whatsoever which may arise or in connection with my or his/her trip to or participation in this program, whether caused by ordinary negligence or otherwise. This signed agreement serves as a release or assumption of risks for my heirs, executors, and administrators, assigns, next of kin, and members of my family. This agreement is meant to be broad and inclusive. I give permission for staff to take pictures and videos of myself or my child while participating in these activities. The photos and videos shall remain property of the Pigeon Key Foundation.

Signature of Participant: _____ **Date:** _____
Signature of Parent/Guardian (if under 18) _____ **Date:** _____