Aquaculture, Biology, and Conservation Summer Camp 2015
Registration Forms

All forms and payment are due no later than June 15, 2015
Note: There is a $25 non-refundable registration fee, and no refunds will be given to cancellations less than 3 weeks prior to the camp’s start date

<table>
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<tr>
<th>Participant’s Full Name</th>
<th>Age</th>
<th>D.O.B.</th>
<th>Current School, Grade</th>
<th>Gender</th>
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<tr>
<th>Street Address</th>
<th>Apt.#</th>
<th>City, State</th>
<th>Zip Code</th>
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<tr>
<th>Guardian Name</th>
<th>Cell Phone Number</th>
<th>E-Mail Address</th>
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<tr>
<th>Emergency Contact Name</th>
<th>Relation</th>
<th>Cell Phone Number</th>
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Participant’s T-shirt size (Adult Size): S □ M □ L □ XL □

Session Selection: □ Session 1 (June 22 – 26)
□ Session 2 (June 29 – July 3)

How did you hear about the camp?
____________________________________________________________________________________

Why did you choose to register for this camp?
____________________________________________________________________________________

Has your child participated in other marine related camps before? If so, which ones?
____________________________________________________________________________________
____________________________________________________________________________________

Please mail or drop off all the following forms and payment ($375*) to:

Attention: Nancy Ho
Aquaculture and Conservation Biology Summer Camp 2015
805 46th Place East
Vero Beach, FL 32963

* Tuition costs will increase to $400 for registrations made after June 1, 2015 Registration is not guaranteed until payment is received.
2. Medical Information and Release Form for All Participants

Participant's Health/Accident Insurance Carrier: _______________________________________________ 
Policy No: __________________________ Group No: ____________________________________________ 
Personal Physician: ____________________________________________________________ 
Physician's Address: _______________________________________________________________ 
Physician’s Phone Number: _________________________________________________________

Parent, legal guardian, or other person who has legal authority to authorize medical treatment to 
participant in case of emergency. Please contact:

Name: ____________________________________________________________________________ 
Address: _________________________________________________________________________ 
Home Tel: __________ Work Tel: __________ Cell: ____________ 

Please list any chronic or acute medical problems (Continue on back if needed):
_________________________________________________________________________________ 
_________________________________________________________________________________ 
_________________________________________________________________________________

Please explain: ______________________________________________________________________ 

List any allergies to food, pollen or medicine: 
_________________________________________________________________________________ 
_________________________________________________________________________________ 

List any medications being taken at present: 
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

I ACKNOWLEDGE THE PARTICIPANT’S IMMUNIZATIONS ARE CURRENT: _____YES  _____NO

I or MY CHILD plan to attend a FLORIDA INSTITUTE OF TECHNOLOGY CAMP, hereinafter referred to 
as “CAMP.” I fully realize that injury or illness could result from or during MY or MY CHILD’S participation 
in the CAMP. In case of accident or illness, I give my permission to receive medical treatment as deemed 
appropriate. I will assume responsibility for any medical bills.

______________________________________ 
Adult participant or Parent/Guardian Signature

______________________________________ 
Please print camp participant’s name

If minor, please print parent/guardian’s name
3. ACTIVITY/EVENT TRANSPORTATION WAIVER:

Transportation conditions are as follows:

1. Parent/Guardian(s) give consent for the student identified herein to participate in the aforementioned activities/events of the summer program.

2. Parent/Guardian(s) will assume the liability of the student’s participation in the on or off-campus activity/event of the summer program.

3. Parent/Guardian(s) will not hold Florida Institute of Technology, its officers, agents, employees, or anyone acting in its behalf, responsible or liable for injury occurring to the named student in the course of such activities or such travel.

4. Parent/Guardian(s) understand that Florida Institute of Technology officials will complete required accident insurance forms, after which all claims under insurance policy or policies, for injuries received while participating in the summer program activities and events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student’s insurance policy and not though the Florida Institute of Technology officials.

5. Parent/Guardian(s) accept financial responsibility for any personal items lost by the student identified herein.

6. Parent/Guardian(s) allow Florida Institute of Technology officials to transport or arrange for transport, or utilize emergency vehicles, or arrange for any emergency medical care that may become necessary for the student while participating in the Aquaculture Biology and Conservation Summer Camp or related activities. Expenses for such transportation and treatment shall not be borne by Florida Institute of Technology, its officers, agents, employees, or anyone acting in its behalf.

7. Parent/Guardians take full responsibility and grant permission for their son/daughter to travel on any Aquaculture Biology and Conservation Summer Camp related activity, including evening activities.

8. These conditions remain in effect until the end of the summer program at Florida Tech.

9. Students must be picked from the Vero Beach Marine Laboratory Parking lot. Proper identification will be required to release a child to anyone other than a parent or guardian. Program personnel will NOT release any student to anyone without proper identification. Please abide rules as there are no exceptions

__________________________________
Guardian Signature

__________________________________
Date
4. Authorized to Pick Up Form

Students must be picked up from the Vero Beach Marine Laboratory. No unattended student will be dismissed to the property under any circumstance. Please provide the following information for everyone authorized to pick up your child.

Name: ____________________________ Relationship to student: ________________________
Address: ______________________________________________________________________
Phone Numbers: (H) ___________________ (W) ___________________ (C) ___________________

Name: ____________________________ Relationship to student: ________________________
Address: ______________________________________________________________________
Phone Numbers: (H) ___________________ (W) ___________________ (C) ___________________

NOTE:
A proper form of identification will be required to release a child to anyone other than parent(s) or guardian(s). To deviate from this form once the program is in session, a written, well documented, and signed letter from the parent(s) or guardian(s) will be required. Program personnel will not release any student to anyone without proper authorization from the parent(s) or guardian(s) and without proper identification. Please, make sure you abide to this rule. There will be absolutely NO exceptions.

___________________________________
Guardian Signature

___________________________________
Date
RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT
ADULT ON BEHALF OF MINOR
Florida Institute of Technology

NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREING THAT, EVEN IF THE FLORIDA INSTITUTE OF TECHNOLOGY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM THE FLORIDA INSTITUTE OF TECHNOLOGY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE FLORIDA INSTITUTE OF TECHNOLOGY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, _______________________________ for myself, my heirs and personal representatives, hereby assume all liabilities, risks, injuries and hazards to my child/children, _______________________________, incidental to, or as a result of, participation in Aquaculture and Conservation Biology Camp where my child/children will conduct fun lab experiments and STEM activities built around marine fishes and plants, and visit other local aquaculture facilities, including transportation TO AND FROM the said activity. I freely acknowledge the fact that this/these program(s) may have, and/or do involve, physical contact or other conditions or factual circumstances where physical or other injuries, including but not limited to concussion, may occur, and that transportation to and from said event could involve the potential for an automobile, or other, accident. As legal guardian and/or natural parent of the above referenced child/children, I do hereby waive, release and agree to indemnify and hold harmless the Florida Institute of Technology, their officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the Florida Institute of Technology, their agents or employees and sponsors or
activity supervisors, arising from my child/children's participation in the said activity. I, as legal guardian and/or natural parent of the above referenced child/children, assume all risk of injury, liability, and loss arising from my child/children’s participation or presence at said activity. I acknowledge that Florida Institute of Technology, will not assume any costs relating to any injury while my child/children are involved in this activity, or from transportation to or from this activity.

This Waiver, Release and Hold Harmless/Indemnification Agreement is in consideration of Florida Institute of Technology permitting my child/children’s participation in the activity or program at issue and in further consideration of the Florida Institute of Technology not requiring self-funded liability insurance coverage on my part as a condition precedent to my child/children’s participation in the activity. I, as legal guardian and/or natural parent of the aforesaid child/children, freely and voluntarily assume all risk of loss or injury arising from my child/children’s participation in the activity whether due to my negligence, my child/children's negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release and indemnification, the Florida Institute of Technology, or other sponsors of the activity would not have offered me, or my child/children, the access to the activity because of unacceptable exposure to civil liability claims and/or lawsuits, or the expense of providing a program that is risk-free. By signing this waiver, I agree to indemnify any and all employees of the Florida Institute of Technology for any and all damages which result from any and all acts or omissions, including negligence, in whole or in part, on the part of any County employee.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I, or my child/children, might otherwise be entitled if my child/children are hurt or suffer loss during his/her/their participation in that activity.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.
YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS.
YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNED THIS ____ DAY OF ____________, 20__.

Signed in the presence of the following witnesses:

________________________________________  Natural Parent or Legal Guardian
Witness

________________________________________  Natural Parent or Legal Guardian
Witness