



Dear Parents/Grandparents/Guardians,

Thank you for your interest in the Pigeon Key Foundation & Marine Science Center's 2021 Summer Camp! We are a 501(c) 3 not-for-profit organization whose mission it is to make the island of Pigeon Key available to the community, projects, programs, and activities that are beneficial to the citizens of Monroe County. We aim to promote the facilities at Pigeon Key as an open campus for educating our youth and the general public about the historical, environmental, and cultural significance of the Florida Keys.

Campers will participate with our educated marine science center staff in programs such as Marine Habitats of the Florida Keys, Reef Fish Identification, Invertebrate Biodiversity, Marine Adaptations, and Squid and Shark Dissections—to name just a few. Campers will also have opportunities to fish and snorkel around the island and at our local coral reef, Sombrero Reef.

We offer both Day and Overnight Camp options. Day camp is Monday – Friday 9am – 5pm and is open to children 8 – 16 years old. Overnight camp is just extended marine science fun! We provide all meals and equipment. Overnight camp is a chance for your kids to do more of their favorite activities: snorkel, tidepool, fish, and hang out with their friends and counselors. Drop your kids off on Monday morning before 9am, pick them up on Friday at 5pm, and be ready for plenty of stories about all their overnight adventures! Your camper must 10 – 16 years old to participate in overnight camp and to ensure safety throughout the week of marine science fun, camp counselors stay in the dorms with the campers.

Enclosed you will find the materials required to hold your camper's spot in our 2021 Summer Camp. Please complete the "Summer Camp Application Form" and send it with your non-refundable deposit (checks can be made payable to "Pigeon Key Foundation") to:

ATTN: Summer Camp
PO Box 500130 Marathon, FL 33050.

You may also drop off your application and deposit at our gift shop located at 2010 Overseas Highway, FL 33050 between 9:30am-4pm, 7-days a week. Debit and Credit Card payments are accepted over the phone, but also includes a 5% surcharge. The non-refundable deposit is **\$100 for Day Camp** and **\$250 for Overnight Camp**. Please remember to attach a recent photo of your camper and **a camper's spot CAN NOT be reserved without a completed application and deposit.** *Contact the Education Director prior to sending in your "Summer Camp Application Forms" to see if we still have availability for your preferred week of camp.*

Mark your calendars!! All completed registration paperwork and **full payment** should be in **three weeks** prior to summer camp start date. This includes the Summer Camp Registration Form, Medical Release Form, Participant Code of Conduct, Snorkel Trip Liability Form and the Liability Release Form.

Once we have received your summer camp application form **and your deposit**, we will send a confirmation via email. Please expect additional emails before camp starts with information on arrival/departure times, packing list, and what to expect for camp. If you have any questions, please do not hesitate to contact us.

Sincerely,
The Pigeon Key Foundation Staff
Casey@Pigeonkey.net // 860-961-1982

Pigeon Key Foundation & Marine Science Center
PO Box 500130, Marathon, FL 33050 ~ www.pigeonkey.net ~ 305-743-5999

Pigeon Key Foundation & Marine Science Center Summer Camp Registration Form

Camper's Name: _____ Date of Birth: _____

Age (at start of camp): _____ Camper's Shirt Size (circle one: Adult S Adult M Adult L Adult XL

Please describe prior swimming experience: _____

Name of primary person responsible for camper during camp: _____

Relation: _____ Email address: _____
Please circle preferred phone number

Address: _____
Street City State Zip Code

Primary Phone Number: _____

Secondary Phone Number: _____

Please Attach Photo Here



Person(s) to notify if primary person cannot be reached:

Name: _____

Phone: _____

Dates (Check all that apply):

- Day Camp Session 1: July 5th – July 9th (\$375)**
(\$100 Deposit and Paperwork needed to hold spot; full payment due by June 14th)
- Overnight Camp Session 2: July 12th – 16th (\$975)**
(\$250 Overnight Deposit and Paperwork needed to hold spot; full payment due by June 21st)
- Overnight Camp Session 3: July 19th – 23rd (\$975)**
(\$250 Deposit and Paperwork needed to hold spot; full payment due by June 28th)
- Day Camp Session 4: July 26th – July 30th (\$375)**
(\$100 Deposit and Paperwork needed to hold spot; full payment due by July 5th)
- Day Camp Session 5: August 2nd – 6th (\$375)**
(\$100 Deposit and Paperwork needed to hold spot; full payment due by July 12th)

Pigeon Key Foundation & Marine Science Center Medical Release Form

Camper's Name: _____

MEDICAL HISTORY STATEMENT

I understand that water activities may be strenuous and that normal healthy lungs, heart, ears and sinuses are essential for my safety and well-being. I hereby confirm that my circulatory systems are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek approval from a licensed physician if I am uncertain as to my physical fitness for water activities.

Please check each item that applies to your current or past medical history and explain under remarks.

- | | |
|---|---|
| <input type="radio"/> I have read the medical statement | <input type="radio"/> Epilepsy |
| <input type="radio"/> Glasses or Contact lenses | <input type="radio"/> Diabetes |
| <input type="radio"/> Asthma or Lung Disease | <input type="radio"/> Physical Disabilities |
| <input type="radio"/> Dizziness/Fainting | <input type="radio"/> Any serious medical problem |

Remarks: _____

List ALL medications you are currently taking: _____

Camper's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

It is recommended that each student be covered under a Health Insurance Policy. Please provide the following:

Health Policy Name: _____ Physician's Name: _____

Policy Number: _____ Physician's Number: _____

In the event of any injury requiring medical treatment, I hereby grant permission for emergency medical treatment to be initiated for my child by the Pigeon Key Foundation. The cost of such treatment will be paid for by the above named policy or parent. Any expenses not covered by the above named policy will be solely my responsibility as parent or guardian and I understand will not be paid for by the Pigeon Key Foundation or any of its agents.

Parent's Signature: _____ Date: _____

Pigeon Key Foundation & Marine Science Center Participant Code of Conduct

I, _____, (camper's name) hereby agree to abide by this Student Code of Conduct during the Pigeon Key Foundation & Marine Science Center's (PKFMSC) program I am attending.

1. I fully understand that the purpose of the program is to explore and learn about wonders of the aquatic world.
2. I will conduct myself in a manner, which is not disruptive to any scheduled activity.
3. I will follow all verbal and written instructions of the Pigeon Key Staff and Junior Counselors.
4. I will be respectful in thoughts, words and actions to all persons on Pigeon Key.
5. I will remain with my assigned group and group leader at all times.
6. I will follow all safety rules and regulations & exercise common sense at all times.
7. I will respect other participants' personal property and their right to privacy.
8. I will respect PKFMSC staff, equipment, and all camp property.
9. I will abstain from the use of alcohol, tobacco products and any non-prescriptive medication or drugs.
10. I will conduct myself in a normal manner at all times and be respectful in thoughts, words and actions towards those of the opposite gender and different races.
11. I understand that any single violation of this **Code of Conduct** may result in being sent home immediately, at my own expense, and without refund of tuition.

Camper's Signature: _____ Date: _____

As the Parent(s) of the above named student, I/we understand the Student Code of Conduct and agree to arrange for, and bear the expense for, providing an adult escort for my child and transportation for the escort and my child back to the point of origin or home within 24 hours of being notified of my child's unacceptable behavior. I understand this policy is in the best interest of all students involved in the Program.

Parent Signature: _____ Date: _____

Parent Name (print): _____

Pigeon Key Foundation & Marine Science Center Liability Release Form

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

Camper's Name: _____ Gender (circle): M F
Street Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Other Phone: _____
Emergency Contact: _____ Emergency Phone: _____

General Medical Information

Please list ANY medical problems such as allergies (food) , chronic conditions, dietary preferences (vegetarian?) etc.: _____

Medications presently taking: _____
My health/accident insurance policy is with: _____
Policy Number: _____ 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 (PKFMSC), The Florida Keys Land and Sea Trust, or any groups or individuals associated with PKFMSC, for both myself and my heirs, assigns or personal representatives.

I am aware that PKFMSC 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 as traveling 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 is not complete and that these and other unknown or unanticipated inherent risks may 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 PKFMSC and The Florida Keys Land and 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 the property of the Pigeon Key Foundation & Marine Science Center.

Signature of Participant: _____ Date: _____

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

DIVE, SNORKEL AND RIDER AGREEMENT - Minor ONLY

Name:	Email:
Street:	
City:	State: ZIP:
Cell:	

THIS IS A WAIVER OF YOUR RIGHTS TO SUE

1. I UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE CAPTAIN HOOK'S MARINA & DIVE CENTER, TARPON CREEK MARINA, BANANA BAY RESORT & MARINA, OR CASTAWAYS WATERFRONT RESTAURANT & SUSHI BAR, THE REEF HOPPER AND THE JOLLY ROGER, EITHER COMPANY'S EMPLOYEES, AGENTS AND DIVE BOATS WHETHER OWNED, LEASED OR CHARTERED AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY ARISING AS A CONSEQUENCE OF ANY ACT OR OMISSION ON THEIR PART INCLUDING BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE.

2. I am by my signature affirming that I am a certified scuba diver or a student diver, snorkeler or rider. I understand that scuba diving and snorkeling is a hazardous activity with inherent risks and dangers associated therewith including, but not limited to risk associated with equipment failures, perils of the sea and acts of fellow divers or which could result in my serious injury or death. BY WAY OF MY SIGNATURE ON THE FRONT OF THIS DOCUMENT, I EXPRESSLY ASSUME THESE RISKS. I assert that I am physically fit to participate in the sport of scuba diving and snorkeling and I agree by way of my signature that I will not hold any of the above named companies, their employees, associated persons, or entities responsible if I am injured as a result of any medical conditions while scuba diving and/or snorkeling. I do not have in my possession any illegal drugs, nor am I taking nor have I recently taken any drugs or medication, which could cause an adverse reaction as a result of combining such drugs and/or medication with scuba diving.

3. Prior to leaving the dock I will inspect all of my equipment to be used and I will notify Captain Hook's Marina & Dive Center of any equipment, which I find to not be functioning properly. I will not hold Captain Hook's Marina & Dive Center or Tarpon Creek Marina, any of either company's employees, agents or dive boats, nor the Reef Hopper or the Jolly Roger responsible for my failure to inspect my equipment prior to diving.

8. BY WAY OF MY SIGNATURE ON THIS DOCUMENT, IT IS MY EXPRESS INTENTION BY WAY OF THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL INDIVIDUALS, OR ENTITIES OR VESSELS REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT AND IT IS ALSO MY INTENTION TO EXEMPT AND RELIEVE CAPTAIN HOOK'S MARINA & DIVE CENTER, TARPON CREEK MARINA, BANANA BAY RESORT & MARINA, OR CASTAWAYS WATERFRONT RESTAURANT & SUSHI BAR, THE REEF HOPPER AND/OR THE JOLLY ROGER, IT'S EMPLOYEES, AGENTS AND DIVE BOATS WHETHER OWNED, OPERATED, LEASED, OR CHARTERED FROM ALL LIABILITY ARISING AS A CONSEQUENCE OF ANY ACT OR OMISSION INCLUDING, BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE. BY WAY OF MY SIGNATURE ON THIS DOCUMENT I FULLY AGREE TO INDEMNIFY AND HOLD THESE ENTITIES NAMED WITHIN THIS DOCUMENT HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OF ANY SORT, PROPERTY DAMAGE OR WRONGFUL DEATH BY MYSELF, HEIRS, AND ASSIGNS, AND I ASSUME EXPRESSLY ALL RISKS IN CONNECTION WITH THE ACTIVITIES OF SNORKELING AND SCUBA DIVING.

9. BY WAY OF MY SIGNATURE, GIVEN VOLUNTARILY, I EVIDENCE THAT I HAVE READ FULLY AND UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY. IF I HAVE ANY QUESTION WITH RESPECT TO THE CONTENTS OF THIS DOCUMENT I CERTIFY THAT I HAVE FULLY INFORMED MYSELF BEFORE SIGNING MY NAME ON THE FRONT OF THIS DOCUMENT. I FULLY AGREE TO THE TERMS AND CONDITIONS HEREIN AND REALIZE THEY ARE GIVEN IN EXCHANGE FOR CAPTAIN HOOK'S MARINA & DIVE CENTER, TARPON CREEK MARINA, BANANA BAY RESORT & MARINA, OR CASTAWAYS WATERFRONT RESTAURANT & SUSHI BAR, THE REEF HOPPER AND THE JOLLY ROGER ALLOWING ME TO PARTICIPATE IN THIS ACTIVITY. I UNDERSTAND THAT THIS IS A CONTRACT.

4. I will be present and attentive to the safety briefing given by the dive master and the boat captain. I understand that I have an affirmative duty to plan and carry out my own dive and to be responsible for my own safety. By way of my signature I expressly agree that I will plan all my dives as no decompression dives with at least a three-minute safety stop at 15ft prior to ascending to the surface. I fully agree that I will start my ascent at the end of each dive with adequate air to guarantee returning to the Reef Hopper with a minimum of 500 psi of air in my tank, as required by the dive leader.

5. I will immediately cease and safely abort my dive if I feel uncomfortable with my diving abilities and/or the diving conditions are worse than those for which I have been trained or for which I am comfortable.

6. I am fully aware and have been trained in the dangers, risks and hazards of holding my breath while diving on compressed air. I fully agree not to hold the above named individuals, entities or vessels responsible for any such act by me. In the eventuality that I become distressed at the surface, I will IMMEDIATELY drop my weight belt and INFLATE MY BUOYANCY COMPENSATOR. I understand that if I want or need any assistance from the Reef Hopper, the dive master, or the captain I will give the proper "Diver in trouble" signal. I understand that this activity may be conducted in a remote site by time and distance from a medical facility and a re-compression chamber. Nevertheless I expressly wish to proceed with this trip.

7. I hereby grant to CAPTAIN HOOK'S MARINA & DIVE CENTER, TARPON CREEK MARINA, BANANA BAY RESORT & MARINA, OR CASTAWAYS WATERFRONT RESTAURANT & SUSHI BAR representatives, and their legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial and advertising and any other purpose and in any manner and medium; and to alter the same without restriction. I certify that I am not a minor and am free and able to give such consent. I hereby release photographer and his legal representatives and assigns from all claims and liability relating to said photographs.

SIGNATURE: _____ (student) _____ Date: _____
 PRINT NAME: _____ (student) _____ Date: _____

Participants under the age of 18 must have a parent/guardian signature _____ (parent/guardian)

**ASSUMPTION OF RISK, RELEASE OF LIABILITY & WAIVER OF CLAIMS
AGREEMENT FOR MINOR PARTICIPANT**

In consideration of being allowed to use the facilities and participate in Dive Boat and other activities (collectively the "Activities") provided by Florigan Marina LLC dba Captain Hooks Marina & Dive Center (the "Host"), the Participant, and the Participant's parent(s) or natural guardian(s) do hereby agree, to the fullest extent permitted by law, as follows:

- a) **TO WAIVE ALL CLAIMS** that they have or may have against the Host, its owners, affiliates, employees, and/or agents arising out of the inherent risks of participating in the Activities and/or use of the Host's equipment ("Equipment");
- b) **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE ACTIVITIES AND USING THE EQUIPMENT;** and
- c) **TO RELEASE** the Host, its owners, affiliates, employees, and/or agents, from all liability for any loss, damage, injury, or expense forming the basis for a claim and/or cause of action that the Participant [or his/her parent(s) or natural guardian(s)] may suffer, arising out of the inherent risks of participation in the Activities and/or use of the Equipment.

Personal Responsibility

The Participant's parent(s) or natural guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities or using the Equipment and that he/she is not participating against medical advice.

The Participant and his/her parent(s) or natural guardian(s) understand that Participant's participation in the Activities and use of the Equipment is voluntary and further understand that they have the opportunity to inspect the Host's Equipment and facilities before any participation.

The Participant and his/her parent(s) or natural guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of *common sense* and by being aware of his/her surroundings.

If, while participating in the Activities and/or using the Equipment, the Participant or his/her parent(s) or natural guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or natural guardian(s) will remove Participant from participation in the Activities and/or use of the Equipment and immediately bring said hazard or condition to the attention of the Host.

I, _____ (parent/natural guardian), hereby agree that I will explain to my child that the risk of injury while participating in the Activities and using the Equipment can be reduced by following the rules and through the use of *common sense* and *good judgment*.

(remainder of page intentionally left blank)

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF FLORIGAN MARINA LLC DBA CAPTAIN HOOKS MARINA & DIVE CENTER 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 FLORIGAN MARINA LLC DBA CAPTAIN HOOKS MARINA & DIVE CENTER 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 FLORIGAN MARINA LLC DBA CAPTAIN HOOKS MARINA & DIVE CENTER HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the State of Florida, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Participant's Signature: _____ Date: _____

Parent/Natural Guardian Name (Printed): _____ Date: _____

Parent/Natural Guardian Signature: _____ Date: _____