

**CAPE ELEUTHERA INSTITUTE, ISLAND SCHOOL and DCMS
VISITORS and INTERNS**

Medical and liability agreement

THIS IS A LEGAL DOCUMENT, PLEASE READ IT CAREFULLY BEFORE SIGNING.

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

Name of Institution/Group:

Name of Participant:

The safety and well being of our students is of paramount importance to the faculty and staff of The Cape Eleuthera Institute. The following acknowledgement and release are both requirements for insurance coverage and an important reminder to you as a participant or parent to be sure that you are properly prepared.

Acknowledgement of Inherent Risks

I understand and accept that participation in *The Cape Eleuthera Institute* program may expose participants to significant risks. Some of the risks which may be present or occur include, but are not limited to, those associated with the following activities: travel - by plane, automobile, bicycle, boat or on foot, SCUBA diving, snorkeling and swimming, kayaking, the forces of nature (including, but not limited to, lightning, major storms and strong sun), the physical exertion associated with outdoor activity and a rigorous exercise program, injuries inflicted by animals, insects, reptiles or plants, and the hazards of traveling in steep terrain, including falling.

I understand that The Cape Eleuthera Institute program is physically demanding. In addition to the potential for SCUBA diving and multi-day sea kayaking expeditions, students will participate in daily morning exercise, which involves swimming, biking, snorkeling, running and calisthenics.

Participant Signature	Date	Parent/Guardian Signature	Date
		(For participants under 18 years of age)	

Release of Liability

In consideration of participation in this program, I have and do hereby release and hold harmless *The Cape Eleuthera Institute* and all its employees, agents, and related entities from any and all liability, actions, causes of action, claims or demands of every kind and nature whatsoever and specifically any claim for negligence or negligent acts which may arise out of, or in connection, with my involvement in *The Cape Eleuthera Institute* program. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators and for all members of my family, including any minors. I further acknowledge that the activities are provided by Cape Eleuthera Island School, a

Bahamian corporation, or its agents, and that any controversy arising in connection with this Waiver and Release or my participation in the activities shall be governed by Bahamian law and shall be adjudicated in the appropriate forum located in The Bahamas.

I agree that the foregoing obligation shall be binding. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between The Cape Eleuthera Institute and/or the affiliated organizations and me, and sign it of my own free will.

Participant Signature	Date	Parent/Guardian Signature	Date
		(For participants under 18 years of age)	

Medical Treatment Authorization

IN CASE OF MEDICAL EMERGENCY, I _____ hereby authorize The Cape Eleuthera Institute and Island School faculty and staff, or its employees or agents to act *in loco parentis* to secure appropriate medical treatment for me (or my child, as appropriate), _____. I authorize the healthcare professionals in attendance to secure and/or administer proper medical treatment for me or my child. This may include (but not be limited to); injections, anesthesia, surgery and hospitalization. I agree to be responsible for the cost of any and all medical treatment and all other services provided to me or my child or incurred during their treatment.

Participant Signature	Date	Parent/Guardian Signature	Date
		(For participants under 18 years of age)	

Name of Insurance Provider:	
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Group #:	
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Policy #:	
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DIVERS ALERT NETWORK “BASIC MEMBERSHIP” is required for all participants

Sign up by calling 1 (800) 446-2671 and talk with a membership representative.
<http://www.diversalertnetwork.org/>

[24-Hour DAN TravelAssist](#)

"As a DAN Member, you automatically receive DAN TravelAssist and up to \$100,000 of

evacuation assistance coverage. Effective for both diving and non-diving injuries, this benefit is provided by MedAire, a world leader in emergency evacuation services. Your evacuation coverage begins when you are traveling at least 50 miles/80 km from home and call DAN TravelAssist to arrange your evacuation." When signing up for your DAN membership, please use the following referral number 447558.

Divers Alert Network ID number:

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The Cape Eleuthera Island School / Institute / DCMS

Visitor Medical History Form
PLEASE PRINT CLEARLY IN BLOCK CAPITALS

Participant Name:

Gender:

Male

Female

Date of Birth

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MM-DD-YY

Passport #:

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Current Address:

Telephone #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address:

Physician:

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Telephone #:

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Name of Emergency Contact:

Relation:

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Emergency contact numbers:

Home:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Work:

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Cell:

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Please answer yes/no to the following questions concerning your medical history

1. GENERAL MEDICAL HISTORY

_____ Asthma or other history of breathing difficulty/distress?

_____ Serious (requiring recurrent physician or hospital visits) gastrointestinal disturbances?

_____ Any disease or illness that has significantly limited activity or lifestyle?

_____ Diabetes?

_____ Bleeding/blood disorders?

_____ Hyper/hypotension?

_____ Seizures of any kind?

_____ Frequent dizziness or fainting?

_____ Cardiac problems?

_____ Surgeries?

2. MUSCLE/SKELETAL INJURIES

_____ Knee, hip, shoulder, arm or ankle injuries?

_____ Concussions?

_____ Any joint or muscle/bone problems?

_____ Head or back injuries?

3. ALLERGIES/MEDICATIONS

_____Any allergies of any kind (including medications)?

_____Have you ever been stung by a bee?

_____Have you been stung by a bee second time? If yes, what was your reaction?

_____Any dietary restrictions or vegetarian/vegan?

_____Any medications currently taken? (Prescription, non-prescription, and nutritional supplements)

Name of medication

Dosage (amount/freq.)

Side effects/problems/Why taken?

4. PERSONAL HISTORY

_____Any treatment or referral to a mental health professional?

_____Currently in therapy/counseling?

_____Is there anything else we should know about your health, both physical and mental, as the people you have legally entrusted with your care?

5. Provide details of condition - if answered "YES" above:

6. FITNESS/EXERCISE

Regular exercise - what?

Would they describe themselves as: VERY FIT FAIRLY FIT SOMEWHAT FIT UNFIT
Swimming ability: EXCELLENT GOOD FAIR SURVIVAL NON-SWIMMER

Participant Signature_____Date_____